

Signature:

Printed Name: Guy St Louis

Capacity/Title: Mgr

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2012 NOV 15 AM 8: 54

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and <u>business</u> address business under the assumed business n	(es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
Kindred Concierge LC	2377 S Kindred Trail, Coeur d Alene, ID 83814
(W24234)	
The general type of business transacted	under the assumed husiness name is:
_	tion and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of
	Assumed Business
☐ Finance, Insurance, and Real Esta	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Guy St Louis	PO Box 83720
2377 S Kindred Trail, CdA, ID 83814	Boise ID 83720-0080 208 334-2301
	200 334-2301
Name and address for this acknowledgn	nent
copy is (if other than # 4 above):	
	•
	Secretary of State use only

abn.pmd Rev. 07/2010

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IDAHO SECRETARY OF STATE

11/15/2012 05:00

CK: 22480 CT: 185387 BH: 1347783
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