

CERTIFICATE OF ASSUMED BUSINESS NAME

7004 MAR 23 AM 8: 50

FIL

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

ELL HARRY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the understances is: KAL'S Kustom's Pain And Section 1. The assumed business name which the understance business is:	
2. The true name(s) and business address(es) of business under the assumed business name: Name Arl Caree	the entity or individual(s) doing Complete Address 1111 10th AUC SD. NAIMA ID 83451
3. The general type of business transacted under Retail Trade	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: KAN Green IIII 10th AUE SU: NAMPA TD: 83651	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
	Secretary of State use only
Printed Name: KARL D. Steen Capacity/Title: OWNER (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE ### CONCURS