

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED**



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

NOV 23 AM 9:20  
SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Kendis Venture

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Kenneth L. Foreman</u>	<u>1564 E. Buchman Ct. Meridian, ID 83642</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is: (mark only those that apply)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade         | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services                | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 884-8228

Kenneth L. Foreman

1564 E. Buchman Ct.

Meridian, ID 83642

Submit Certificate of Assumed Business Name and \$20.00 fee to:

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):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: Kenneth L. Foreman

Printed Name: Kenneth L. Foreman

Capacity: Sole Proprietor

(see instruction # 8 on back of form)

Revision 2/97  
g:\copyformslabn.pms

Secretary of State use only  
IDAHO SECRETARY OF STATE

11/23/1998 09:00  
CK: 3447 CT: 107133 BH: 163934  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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