## FILED EFFECTIVE



Signature: //

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

06 JUL -5 AM 11:51

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersign business is:	• •
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Name  HARK D. Kling/ER 40/5	
The general type of business transacted under th	e assumed business name is:
☐ Retail Trade ☐ Transportation and F☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	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):  WARK KLingler	Phone number (optional): 208 · 367 - 1705
HOIS ESTEN AVE BOISE DANG 83703	Secretary of State use only

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IDAHO SECRETARY OF STATE 07/05/2006 05:00 CK: 9848 CT: 158818 BH: 963588 0 25.88 = 25.88 ASSUM NAME # 2

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