business is:

Capacity/Title:_

227



CERTIFICATE OF

NOTE: See instructions on reverse before filing.

Printed Name: Kenneth L. Reynolds

owner

(see instruction #8 on back of form)



The true name(s) and business address(es)	of the entity or individual(s) doing
business under the assumed business trained Name	Complete Address 114 N. 3 Ro St. # 4
Kenneth L. Reynolds	M'Call, ID 83638
The general type of business transacted un	nder the assumed business name is:
Retail Tiede	n and Public Utilities
Services Agriculture Manufacturing Mining	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Kenneth L Reynolds	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm	nent Phone number (optional):
copy is (if other than # 4 above):	
	Secretary of State use only
ignature: Kemeett Lacyrolch	IDAHO SECRETARY OF S
ignature: Kenwett & Acyrolch	Secretary of State use only

12/04/2002 05:00 CK: 256 CT: 158010 BH: 649293 1 0 20.00 = 20.00 ASSUM NAME # 2

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