



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.

2014 OCT 31 AM 9:01

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

KERBOW INVESTIGATIONS

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

<u>Name</u>	<u>Complete Address</u>
<u>SHARON KERBOW / KERBOW INVESTIGATIONS</u>	<u>18630 N. GOLDENRODGE A.</u>
	<u>BOISE, IDAHO 83714</u>

3. The general type of business transacted under the assumed business name is:

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

SHARON KERBOW
18630 N. GOLDENRODGE PI
BOISE, ID 83714

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Secretary of State use only

IDAHO SECRETARY OF STATE

10/31/2014 05:00

CK:1119 CT:295065 BH:1447529

1@ 25.00 = 25.00 ASSUM NAME #2

Signature: [Signature]

Printed Name: SHARON KERBOW

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

D174671