

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

Please type or print legibly.

7007 APD -0

NOTE: See Instructions on reverse befor	
1. The assumed business name which the und business is:	
2. The true name(s) and business address(es) business under the assumed business name Name Conne Kears ley	cof the entity or individual(s) doing e: Complete Address 370w & & & Victor Id. 83455 270w & & & Victor Id. 83455 74 w. This the Cr. Dr. Victor Id. 83455
Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: ☐ Lanie Kearsley ☐ 370	Submit Certificate of Assumed Business Name and \$25.00 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: Korraley Printed Name: Connie Kegysley Capacity/Title: Manager (see instruction # 8 on back of form)	Phone number (optional): 208 - 287 - 2240 Secretary of State use only IDAHO SECRETARY OF STATE 24/29/2007 05:200 CK: 2855 CT: 158819 BH: 1045489 1 2 25.00 = 25.00 ASSUM NAME # 2