



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. 2007 AUG -1 AM 8:52

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Hagerman Home Town Mart

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

Name

Complete Address

KLI-MIN ENTERPRISES, INC.

521 S. STATE STREET, HAGERMAN, ID 83332

(C172780)

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <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
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

KLI-MIN ENTERPRISES, INC.

521 SOUTH STATE STREET

HAGERMAN, IDAHO 83332

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

REGION IV DEVELOPMENT

P.O. BOX 5079

TWIN FALLS, IDAHO 83303-5079

Phone number (optional):

Signature: _____

(signature required)

Printed Name: DOUGLAS J. MINOR

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

0113812

IDAHO SECRETARY OF STATE
08/01/2007 05:00
CK: NONE CT: 2198 BH: 1060559
1 @ 25.00 = 25.00 ASSUM NAME # 2