

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**To the SECRETARY OF STATE, STATE OF IDAHO**

Oct 7 2 07 PM

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name:



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

## K and R Health and Nutrition

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

Name	Complete Address
Kurt R Dierker	5940 Flamingo Dr Boise, ID 83704
Rebecca J Dierker	

- 3. The general type of business transacted under the assumed business name is:**  
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: \_\_\_\_\_
- Phone number (optional): \_\_\_\_\_

5940 Flamingo Dr  
Boise, ID 83704

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

**Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:**

**Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301**

~~SECRETARY OF STATE USE ONLY~~  
IDAWD SECRETARY OF STATE

10/07/1997 09:00  
CK: 554 CT: 00236 BH: 45043

1 @ 20.00 = 20.00 ASSUM NONE

0 0166

Signature: Ken H. Danks

Printed Name: Kurt R Dierker

Capacity: Co-owner

(see instruction # 8 on back of form)

**Revised 2017**

**2. Background**