



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

2015 MAR -4 PM 1:10

**SECRETARY OF STATE
STATE OF IDAHO**

Please type or print legibly.

Instructions are included on back of application.

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

KiBe Roofing

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

Howard Kibe

410 W 2 N Mt Home ID 83647

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Howard Kibe
410 W 2 N
Mt Home ID 83647

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

Signature: Howard Kibe

Printed Name: Howard Kibe

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

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

Secretary of State use only

IDAHO SECRETARY OF STATE
03/04/2015 05:00
CK: CASH CT: 158010 BH: 1464600
1@ 25.00 = 25.00 ASSUM NAME #2

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