

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Printed Name:

Signature:



1. The assumed business name which the undersigned use(s) in the transaction of KA Consulting 2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1): Khonna Krause 5712 E Millet Dr Boise ID (Name) (Address) (Address) (Name) (Address) 3. The general type of business transacted under the assumed business name is: Retail Trade Construction Transportation and Public Utilities Agriculture Wholesale Trade Minina X Services Manufacturing Finance, Insurance, and Real Estate 4. Mailing address for future correspondence: 5. Name and address for this acknowledgment CODY IS (if other than # 4): (Name) (Address) (City) (State) (Zipcode) Printed Name: Rhonna Krouse Secretary of State use only Signature: 🕟 IDAHO SECRETARY OF STATE Printed Name: 12/28/2017 05:00 CK:1002 CT:158010 BH:1618380 1@ 25.00 = 25.00 ASSUM NAME #2Signature:

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