



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.

11 APR 14 AM 8:43

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:

Kona Ice of Boise LLC

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

<u>Name</u>	<u>Complete Address</u>
<u>Connee's Shaved Ice LLC</u> <u>(W101181)</u>	<u>PO Box 1644</u> <u>Hailey ID 83333-1644</u>

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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Brad Toothman
PO Box 1644
Hailey ID 83333-1644

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

Brad Toothman
PO Box 1644
Hailey, ID 83333-1644

Signature: *Brad Toothman*

Printed Name: Brad Toothman

Capacity/Title: Owner

Signature: *Brad Toothman*

Printed Name: Brad Toothman

Capacity/Title: Owner

Secretary of State use only

IDAHO SECRETARY OF STATE
04/14/2011 05:00
CK: NO CK # CT: 150018 BH: 1269263
I @ 25.00 = 25.00 ASSUM NAME # 2

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