27	
CERTIFICATE OF	AME 2003 JUL -7
ASSUMED BUSINESS N/	AME
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Please type or print legibly.	
Please type or print legibly.	SECRETARY OF
submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing. 1 The assumed business name which the undersigned use(s) in the transaction of	
1. The assumed business name which the undersi	gned use(s) in the transaction of
business is:	
Triple K KENNELS	
2. The true name(s) and <u>business</u> address(es) of t	he entity or individual(s) doing
business under the assumed business name:	Complete Address
Roxie ReinKing 10	80 J. Rainbow Rd
	Da, ID 83814
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3. The general type of business transacted under t	he assumed business name is:
Retail Trade I Transportation and Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
$\rho = \rho + \rho$	Basement West
1080 S. Rainbow Rd Coeur d'Alene	PO Box 83720 Boise ID 83720-0080
ID 83814	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than #4 above).	
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· · · · · · · · · · · · · · · · · · ·	Secretary of State use only
	· ·
Signature: Koke Keinking	B IDAHO SECRETARY OF STATE
Signature: <u>Roke</u> <u>Reinking</u> (signature required) Printed Name: <u>ROXIE</u> <u>REINKING</u> Capacity/Title: <u>OWNER</u>	IDAHO SECRETARY OF STATE 07/08/2003 05:00 CK: 4281 CT: 158016 BH; 689876 1 25.00 25.00 ASSUM NAME # 2
Capacity/Title: OWNEr	3 1 2 23.00 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	0110110
	D 66943

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