

Printed Name: KODI SHIPPEY

(see instruction # 8 on back of form)

Capacity/Title: OW NER

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned the submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Kodi Ex	press
2. The true name(s) and business address(e business under the assumed business na Name Kodi Shippy	es) of the entity or individual(s) doing ame: Complete Address 3303 E LEWIS LN NAMPA ID 83686
Wholesale Trade Construction Services Serviculture Manufacturing Mining	on and Public Utilities Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Kodi Shuppey 3303 ELEWIS LN NAMPA ID 83686	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above). 	Phone number (optional):
	Secretary of State use only
	formslatin p65

IDAHO SECRETARY OF STATE 07/15/2005 05:00 CK: 9484 CT: 186810 BH: 821395 1 8 25.80 assum wake # 2

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