CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO

Capacity:____

owner

(see instruction # 5 on back of form)

FILED

	Pursuant to Section 53-504, Idahi gives notice of adoption of an Ass	Rumed Business Namel9 MAD
1.	The assumed business name which the und business is:	ersigned use(s) in the gransaction of STATE OF STATE STATE OF IDAHO
	K & N Services	
2.	The true name(s) and business address(es) business under the assumed business name	· · · · · · · · · · · · · · · · · · ·
	Name Name	Complete Address 253 SOUTHSIDE Blud Nama ID 83686
	Nancy I. Johnson	Same as above
3.	The general type of business transacted und (mark only those that apply)	der the assumed business name is:
4.	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction The name and address to which future Progresspondence should be addressed:	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining Transportation and Public Utilities Finance, Insurance, and Real Estate 208-463-8929
	K & N Services 7253 SOUTHSIDE Blvd.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Nampa ID 83686 Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		SPORT CECYST MOUNT LATASSIY
	- N N N	CK: 7498 CT: 111898 BH: 193185
jnat	ure: Kim V Johnson	1 9 20.80 = 28.00 ASSUM HAME # 2
ntec	Name: Kim D. Johnson	D23653