

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 11 JUN 17 AM 9: 12

SECREMAY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

UR 4	49 ER
2. The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u>	ie: <u>Complete Address</u>
Kimberly Burgeson	1455 S Main St, Cascade, ID 83611
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s. The general type of business transacted un	der the assumed business name is:
☐ Wholesale Trade ☐ Construction	and Public Utilities
☐ Services☐ Manufacturing☐ Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Kimberly Burgeson	Secretary of State 450 North 4th Street PO Box 83720
411 F Deinhard Ln #139	Boise ID 83720-0080 208 334-2301
MC Call, Id 83638	
5. Name and address for this acknowledgmer copy is (if other than #4 above):	nt
1/ :1 . 0 . 6 . 6	Secretary of State use only
nature: Kimbelly Dage	-
nted Name: Kimberly Burgeson	
pacity/Title: Owner	
nature:	IDAHO SECRETARY OF STATE
nted Name:	06/17/2011 05: CK: 50638186383 CT: 259900 BH: 1 0 25.00 = 25.00 ASSUM W

abn.pmd Rev. 07/2010

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