

CERTIFICATE OF ASSUMED BUSINESS NAME



Pursuant to Section 53-504, Idaho Code, the undersigned 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 understand business is: | |
|--|---|
| 2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Kim Evens | the entity or individual(s) doing Complete Address 6174 N. Queenshay Pl. Bowe IO 837/3 |
| 3. The general type of business transacted unde | |
| Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business Name and \$20.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: Kim Evans (6174 N. Queenberg Pl. Base, 30 83713 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgment copy is (if other than #4 above): Kim Euron> | Phone number (optional): 208-939-2982 |
| 6174 W- Oveensbry Pr. Boix, 20 83713 | Secretary of State use only |
| Signature | g.voorplomslabn formslabn.p85 Revised 01/2001 |
| Printed Name: Kim Even, | Revised 01/2001 |
| Capacity: Owner | R R |
| (see instruction # 8 on back of form) | IDAHO SECRETARY OF STATE |

IDAHO SECRETARY OF STATE

11/18/2002 05:00

Ck: 1646 CT: 155970 BH: 440945

1 8 20.00 = 20.00 ASSUM NAME # 2

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