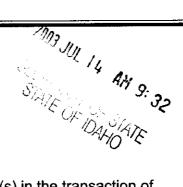


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



Idaho Center for Life Leadership	
The true name(s) and business address(es) of t business under the assumed business name:	he entity or individual(s) doing
Name	Complete Address
Kiorana Enterprises, Inc.	7075 Culebra Rio Circle
C149998	Idaho Falls, ID 83406
The general type of business transacted under	the assumed business name is:
Retail Trade Transportation and	
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
· Paul Allen	Basement West PO Box 83720
7075 Culebra Rio Circle	Boise ID 83720-0080
Idaho Falls, ID 83406	208 334-2301
Idano Fallo, ID 00400	
Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	
	Secretary of State use only
ature: (signature required) Paul Allen acity/Title: President	۳.
ature: (signature required)	IDAHO SECRETARY OF STATI
red Name: Paul Allen	IDAHO SECRETARY OF STATE
pacity/Title:President	07/14/2003 05
(see instruction # 8 on back of form)	CK: 33679 CT: 1498 BH: 69

CK: 33679 CT: 1498 BH: 698989
1 8 25.00 = 25.00 ASSUM NAME # 3