

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2014 DEC 22 AM 9: 20

SECRETATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

The assumed business name which the under business is: Klenk Appliance Repair	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Scandon S Klenk Dusty A Klenk	
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture	er the assumed business name is: and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 1819 Hallipack Dr. Takko Falls, 20	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	
	Secretary of State use only
Printed Name: Brandon 5 Kleuk Capacity/Title: Quille Cignature: Printed Name:	IDAHO SECRETARY OF STATE 12/22/2014 05:00 CK:17127150782 CT:304411 BH:145408' 16 25.00 = 25.00 ASSUM NAME #2

abri.pmd Rev. 07/2010

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Capacity/Title: