

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

(see instruction # 8 on back of form)

2005 FEB 16 AM 9: 45

	KO InfoPro
The true name(s) and business ad business under the assumed busin Name Karen Olson	dress(es) of the entity or individual(s) doing ess name: Complete Address 4929 N. Tasman Drive, Coeur d'Alene, ID, 83815
3. The general type of business trans	acted under the assumed business name is:
Wholesale Trade Cons	portation and Public Utilities truction ulture Submit Cortificate of
Manufacturing Minin Finance, Insurance, and Rea	g Assumed Business
The name and address to which fur correspondence should be address Karen Olson	sed: 700 West Jefferson Basement West
4929 N. Tasman Drive Coeur d'Alene, ID 83815	PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknown copy is (if other than # 4 above).	vledgment Phone number (optional):
	Secretary of State use only
gnature: <u>Kave Olso</u> inted Name: Karen Olson apacity/Title: Owner	IDAHO SECRETARY OF STATE ##################################

CK: 1933 CT: 158910 BH: 938961 1 8 25.00 = 25.00 ASSUM NAME # 2