

## **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 SECRETARY OF STATE

Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the und business is:	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Kip W. Watson  Kathy L. Watson	e: Complete Address
3. The general type of business transacted und  Retail Trade ☐ Transportation ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  KIP OF KAT WATSON  21784 Upper Pleasant Rd. Caldwell ID 83607	der the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Phone number (optional):  208) 455- 9057  Secretary of State use only
Signature: Ky W the Signature required)  Printed Name: Kip W. Watson  Capacity/Title: Owner  (see instruction #8 on back of form)	IDAHO SECRETARY OF STATE  12/03/2003 05 = 00  CK: 777 CT: 158010 BH: 714591  1 0 25.00 = 25.00 ASSUM NAME # 2