

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

11 JUN -7 AM 9:07

SECHE BY OF STATE

Please type or print legibly. Instructions are included on back of application.

	Kiwi's Fish -n- C	hips & Me	at Pies
2.	The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> KATHRYN AITCHISON		
3.	The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction		
	✓ Services		Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed: KATHRYN AITCHISON		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
	1506 E 4300 N BUHL, Idaho 83316-5231		208 334-2301
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt	
			Secretary of State use only
	eture: Kathryn Ritchison		
	ed Name: KATHRYN AITCHISON		
	acity/Title:_OWNER		
	ature:		IDAHO SECRETARY OF STATE 06/07/2011 05:00
	ed Name:		CK: 11472 CT: 259571 BH: 1277201 1 0 25.00 = 25.00 ASSUM NAME W 2
Capa	acity/Title:		

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