

CERTIFICATE OF ASSUMED BUSINESS NAME

(see instruction #8 on back of form)

Capacity/Title:

Please type or print legibly. NOTE: See instructions on reverse before	ore filing.	ime. SECRET, STATE	N 26 PM IZ ARY OF STA OF IDAHO
The assumed business name which the ur business is: **A **Committee**** **A **Committee*********************************		•	OF IDAHO
K & K Consultants H	Home Inspect	tions & More	
The true name(s) and business address(expusioness under the assumed business name Name	•	ntity or individual(s) doing Complete Address	
Ailsa Heritage Enterprises, LLC	- 613 Bryd	613 Bryden Ave, Ste. C #178, Lewiston ID 83501	
W80315			
3. The general type of business transacted u Retail Trade Transportatio Wholesale Trade Construction	on and Pub		
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and \$25.00 fee to:	
The name and address to which future correspondence should be addressed: Ailsa Heritage Enterprises, LLC		Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
613 Bryden Ave, Ste C #178	·	(208) 334-2301	
Lewiston ID 83501			-
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent		
	. 1	Secretary of State use only	
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rinted Name: Dean Kalmukos	formstabn form Rentsed 04/2003	IDAHO SECRETARY U 01/26/2009 CK: 16612989344 CT: 1580	7 51145 95 2 9 6 10 1 1154847