

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned O2 APR -8 PM 2: 36

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

Kim's Krafts 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
Nin Carranets	Boise, ID 83709
	Doise, ID 03709
3. The general type of business transacted under Retail Trade Transportation ar	
 □ Wholesale Trade □ Construction □ Agriculture □ Manufacturing □ Mining □ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: same as #2	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): (208) 375-8917
	Secretary of State use only
gnature: Kim Carruthers inted Name: Kim Carruthers apacity/Title: Nwher (see instruction # 8 on back of form)	1002/10 persuance of the control of

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