

Capacity/Title: OWNER

CERTIFICATE OF **ASSUMED BUSINESS NAME**

FILED EFFECTIVE

11 MAR 21 PM 12: 22

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

SECH Y OF STATE

Instructions are included on back of application.	
The assumed business name which the business is:	undersigned use(s) in the transaction of
ISLAN	D KINE GRINDS
The true name(s) and <u>business</u> address business under the assumed business in <u>Name</u> LUDIVINA COLOBONG RENUS DOMINGO	
☐ Wholesale Trade ☐ Constructi ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining	ation and Public Utilities ion e Submit Certificate of Assumed Business
Finance, Insurance, and Real Est 4. The name and address to which future correspondence should be addressed: 3116 GARRITY BLVD #4 NAMPA, ID 83687	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above): KEYBANK 1020 CALDWELL BLVD NAMPA, ID 83651 ATTN JACKIE	ment Secretary of State use only
Signature: Printed Name: LUDIVINA COLOBONG Capacity/Pitie: OWNER Signature: PENUS DOMINGO	IDANO SECRETARY OF STATE 03/22/2011 05:00
Printed Name: RENUS DOMINGO Capacity/Title: OWNER	CK: 24374527 CT: 158818 BH: 1265589 1 8 25.80 = 25.00 ASSUM NAME # 2

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