



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

2006 OCT -5 AM 8:56

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Kokanee Consulting

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

John E. Kelleher

2175 Sand Hollow Rd., Caldwell, ID 83607

Naida E. Kelleher

2175 Sand Hollow Rd., Caldwell, ID 83607

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

4. The name and address to which future correspondence should be addressed:

Kokanee Consulting

2175 Sand Hollow Rd.

Caldwell, ID 83607

5. Name and address for this acknowledgment copy is (if other than # 4 above):

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

Phone number (optional):

(208) 459-4850

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____

John E. Kelleher

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

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Revised 04/2003

D104374

IDAHO SECRETARY OF STATE
10/05/2006 05:00
CK: 5563 CT: 150010 BH: 978600
1 @ 25.00 = 25.00 ASSUM NAME # 2