Signature: 🖊

Printed Name: Ko A

Capacity/Title: OWNS &

(see instruction # 8 on back of form)

	FILED EFFECTIVE
CERTIFICATE OF	2003 JUN 27 AM 8:
ASSUMED BUSINESS NAM	F
Pursuant to Section 53-504, Idaho Code, the undersi	gned graduation of A
submits for filing a certificate of Assumed Business N	gned STATE OF IDAHO
Please type or print legibly. NOTE: See instructions on reverse before filing.	
The assumed business name which the undersigne business is:      ARPS	
	,
2. The true name(s) and business address(es) of the	entity or individual(s) doing
business under the assumed business name:	Complete Address
D Name 8	97 AUDURON DR.
NON TORWY	TO TO
	Tylen, Vaxa
3. The general type of business transacted under the	assumed business name is:
CI Towns addison and Dr	
	iplic dunies
☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	The state of
	Submit Certificate of Assumed Business
<ul><li>☐ Manufacturing</li></ul>	Name and \$25.00 fee to:
	Secretary of State
<ol> <li>The name and address to which future correspondence should be addressed:</li> </ol>	700 West Jefferson
Correspondence and the addresses.	Basement West
KON JOENS	PO Box 83720 Boise ID 83720-0080
8397 AUDURON DR.	208 334-2301
HAYDEN, ID 83835	
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above):	
	Secretary of State use only
1	

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IDAHO SECRETARY OF STATE **96/27/2903 05:00**CK: 18652 CT: 158010 BH: 688229
1 0 25.00 = 25.00 ASSUM NAME # 2