Capacity/Title:

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

11 JAN 10 AM 8: 43

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

The assumed business name which the under business is:	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Kelli Morrison	· · · · · · · · · · · · · · · · · · ·
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining	and Public Utilities  Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Kelly Morrison  430 Betterool Dr.  Bouse II 83709	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):  Same	
Simon Killi Marino	Secretary of State use only
Signature: // // Who see Sana	
Printed Name: <u>Kelli Morrison</u>	IDAHO SECRETARY OF STATE
Capacity/Title:() Whe/	01/10/2011 05:00 CK: 202919188043 CT: 158010 BH: 1254577
Drieta d Name a	1 0 25.00 = 25.00 ASSUM NAME # 2
Printed Name:	D144465

alon.pmd Rev. 07/2010