

Printed Name: Kriski

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersign	ned use(s) in the transaction of
business is:	
- All tired Up.	
The true name(s) and business address(es) of the	entity or individual(s) doing
business under the assumed business name:	
Name	Complete Address
Kristy M. Scovill 211	15 Plateau Dr.
Na	mpa, ID 83686
	, , , , , , , , , , , , , , , , , , , ,
The general type of business transacted under the	assumed business name is:
>	
Retail Trade Transportation and P	ublic Utilities
Wholesale Trade Construction	
☐ Services ☐ Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
☐ Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
1/	Basement West
hristy Scoull	PO Box 83720
2117 S. Plateau Dr.	Boise ID 83720-0080 208 334-2301
Nampa ID 83 686	206 334-2301
5. Name and address for this acknowledgment	Phono number (autional)
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
(same)	
	Secretary of State use only
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IDAHO SECRETARY OF STATE

11/15/2004 05:00

CK: 111513283791SLD CT: 172099 BH: 776591
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