

Printed Name: Karen

Capacity/Title: Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAMED DEC 16 Different of Assumed Business Name. STATE OF AM 9: 38

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

NOTE: See instructions on reverse before fili	ing. OF 104/04/E
The assumed business name which the undersignation business is:	gned use(s) in the transaction of
K.c.K. Kleenir	)q
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name	he entity or individual(s) doing  Complete Address
Karen D Eisenberg	1808 Abate court Nampa Idal 83686
3. The general type of business transacted under the	he assumed business name is:
<ul> <li>□ Retail Trade</li> <li>□ Wholesale Trade</li> <li>□ Services</li> <li>□ Manufacturing</li> <li>□ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:  Karen PElsenbarg  1808 AGAR OF  Nampa 10/aho 83686	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
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12/16/2002 05:00
CK: 1678 CT: 158010 RH: 651408
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