SPCS



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

2013 FEB -5 AM 8:58

Please type or print legibly.

Instructions are included on back of application.

SECRETARI OF STATE STATE OF IDAHO

	OTHE WIND
The assumed business name which the undersigned business is:	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Name Angela K. Kimball R	entity or individual(s) doing Complete Address E River Rd. ACK FOOT, 10 \$3221
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Same as alwaye	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 as above	
ignature: Ingela Kunball apacity/Title: Odminactrator Dwich ignature: Oml	Secretary of State use only
apacity/Title: Ovovor	IDAHO SECRETARY OF STATE 102/05/2013 05:00 CK: 8302 CT: 279047 BH: 1358887 1 8 25.00 = 25.00 ASSUM NAME # 2

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