

## **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.

10 0CT 18 PM 4:00

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

STATE OF IDAHO

**\$**704

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1.	The assumed business name which the undersign business is:  Kavaoke Queen End	ed use(s) in the transaction of
2.	The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Signature  Name	entity or individual(s) doing  Complete Address  OH Kung SH, Boise IO8
3.	The general type of business transacted under the Retail Trade Transportation and Position Wholesale Trade Construction  Services Agriculture	
	<ul><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4.	The name and address to which future correspondence should be addressed:  8004 King St  Boise TD 83704	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
	Name and address for this acknowledgment copy is (if other than # 4 above):	
Signat	ture: You Wood	Secretary of State use only
Printe	d Name: LOIS Wood	
Capac	city/Title: Own	
Signature:		IDAHO SECRETARY OF STATE 10/19/2010 05:00 CK: CASH CT: 158010 BH: 1243604
Printe	d Name:	1 0 25.00 = 25.00 ASSUM NAME # 2
Capac	city/Title:	_
	abn.pmd Rev. 07/2010	D 142860