

Printed Name:

Capacity/Title:

owner

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

## FILED EFFECTIVE

08 JUL 11 AM 8: 14 SECRETARY OF STATE STATE OF IDAHO

The true name(s) and business address(es) of business under the assumed business name:	
pusiness under the assumed business hame. Name	Complete Address
kevin kiitgaard	1009 w 100 so blackfoot id 83221
The general type of business transacted under	er the assumed business name is:
Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  kevin klitgaard 1009 w 100 so.	Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080  (208) 334-2301
	(44.7)
blackfoot id 83221	
Name and address for this acknowledgmen copy is (if other than #4 above):	Secretary of State use only

IDAHO SECRETARY OF STATE
67/11/2008 05:00
CK: 9273 CT: 158016 BH: 1126543
1 8 25.88 = 25.08 ASSUM NAME # 2