



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

2012 JUL -2 AM 9:26

SECRETARY OF STATE
STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is:

KIRCHERS KORNER

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>MEGHAN KIRCHER</u>	<u>P.O. Box 1187</u>
	<u>CHALLIS, ID</u>
	<u>83226</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

KIRCHERS KORNER
P.O. Box 1187
CHALLIS, ID 83226

5. Name and address for this acknowledgment copy is (if other than # 4 above):
- _____

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Meghan Kircher

Printed Name: MEGHAN KIRCHER

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/02/2012 05:00
CK: 1048891 CT: 172099 BH: 1330611
1 @ 25.00 = 25.00 ASSUM NAME # 2

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