

## 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

07 AUG 27 AM 9: 00

SECRETARY OF STATE

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Found	lation Kings	
The true name(s) and business address(e business under the assumed business na Name     Cory J. Boller	me:	entity or individual(s) doing  Complete Address 10 W. 14th St. Post Falls, ID 83854
3. The general type of business transacted u		
Wholesale Trade ✓ Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to: Secretary of State 700 West Jefferson
Cory J. Boller 410 W. 14th St. Post Falls, ID 83854	i	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent	
gnature:(signature required)	g NcorpViorms\abn p66 Revised 04/2003	Secretary of State use only
cory J. Boller  apacity/Title:  (see instruction # 8 on back of form)	g tcorplformstabn form Revised 04/2003	IDAHO SECRETARY OF STATE  08/27/2007 05:00  CK: 1678 CT: 216849 BH: 1072578 1 0 25.00 = 25.00 ASSUM NAME #