

CERTIFICATE OF ASSUMED BUSINESS NAME

11 JUN 27 AM 9: 07

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

SECR. BY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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The assumed business name which the undersigned business is:	
KODIAK HOME SERVI	te s
2. The true name(s) and business address(es) of the business under the assumed business name: Name Pruce BAKER Ro, SPIN	entity or individual(s) doing Complete Address Sux 1121 TH LHKE, ID-83869
3. The general type of business transacted under the	assumed business name is:
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: KOPIAK HOME SERVICES PARA JI21 SPIRIT AKE, ID, 8385 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: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
SAME	Secretary of State use only
gnature: Much Sylves (signature required) inted Name: SYUCE SMEN apacity/Title: OUNDL	IDAHO SECRETARY OF STATE 06/27/2011 05:00 CK: 5263 CT: 260174 BH: 1280205 1 0 25.00 = 25.00 ASSUM HAME N

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