



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
2005 NOV 21 AM 9:38

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Kauer Property Management

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>Clint Kauer</u>	<u>2007 Greywolf Dr.</u>
<u>Kauer Property Management</u>	<u>Coeur d'Alene, ID 83814</u>
<u>Alicia Kauer</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 type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Kauer Property Management
2007 Greywolf Dr.
Coeur d'Alene, ID 83814

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

Phone number (optional):

208-676-9351

Signature: *Clint Kauer*
(signature required)

Printed Name: Clint J. Kauer

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn_forms\labn.p65 Revised 04/2003

IDAHO SECRETARY OF STATE
11/22/2005 05:00
CK: 52991 CT: 158010 RH: 923334
1 @ 25.00 = 25.00 ASSUM NAME # 2

D93839