

FILED EFFECTIVE



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.

Instructions are included on back of application.

11 MAR 29 AM 8 20
SECRETARY OF STATE
STATE OF IDAHO

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

K+D Builders

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

Name	Complete Address
<u>Amaruso-Hill, Inc.</u>	<u>P.O. Box 885</u>
<u>(C 91972)</u>	<u>Mtn. Home, ID 83647</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 checked="" 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 | |

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

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

Amaruso-Hill, Inc.
dba K+D Builders
PO Box 885, Mtn Home ID 83647

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

Signature: Laurie M. Simons
Printed Name: Laurie M. Simons
Capacity/Title: Office manager
Signature: _____
Printed Name: _____
Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/29/2011 05:00
CK: 12381 CT: 257121 BH: 1266581
1 @ 25.00 = 25.00 ASSUM NAME # 2

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