

CERTIFICATE OF ASSUMED BUSINESS NAME

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

700% AUG 12 AM 11: 19

SECRETARY OF STATE

D79075

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

1. The assumed business name which the ur business is:	
2. The true name(s) and <u>business</u> address(estable business under the assumed business name Name Tames F. Kirch Tames	s) of the entity or individual(s) doing me: Complete Address 9793 HARA JEN PR. POSCONO IN STATE
The general type of business transacted up Retail Trade Transportation	nder the assumed business name is: n and Public Utilities
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson 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 Phone number (optional): 208 - 382 - 6509
	Secretary of State use only
Signature: Signature: Signature ** Signat	IDANO SECRETARY OF STATE 08/12/2064 05:00 CK: 812111885718SLD CT: 172899 BH: 768529 1 0 25.00 = 25.00 ASSUM MANE # 2