

Capacity/Title: owner

(see instruction # 8 on back of form)

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. NOTE: See instructions on reverse before filing. 08-NOV -6 AN 8:36

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and business address(es business under the assumed business name	
Name	Complete Address
ENCISTOFER KIRCHNER	2767 SUMMORAVE ATTHOLIS
☐ Wholesale Trade ☐ Construction	n and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
2767 W SUMMER ANT	(208) 334-2301
4THOLID 83861	
Name and address for this acknowledgme copy is (if other than # 4 above):	ent

CK: 168715 CT: 172099 BH: 1143398 1 0 25.00 = 25.00 ASSUM NAME # 2