

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

**FILED/EFFECTIVE**



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Whiting Kitchenware Health Connection

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

Name	Complete Address
<u>Bud A Whiting</u>	<u>147 S. 600 W</u>
<u>Karen Marie Whiting</u>	<u>Paul, Id 83347</u>

3. The general type of business transacted under the assumed business name is: (mark only those that apply)

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Retail Trade    | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services                   | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

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

Kitchenware Health Connection  
147 S. 600 W  
Paul, Id 83347

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit Certificate of Assumed Business Name and \$20.00 fee to:

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

Signature: Karen Marie Whiting  
 Printed Name: Karen Marie Whiting  
 Capacity: manager/owner  
 (see instruction # 8 on back of form)

Revision 2/97  
g:\scop\forms\abn.pmg

Secretary of State use only

IDAHO SECRETARY OF STATE  
 12/02/2002 05:00  
 CK: 1184 CT: 165389 BH: 648784  
 1 @ 20.00 = 20.00 ASSUM NAME # 2

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