CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned OCT STATE OF STATE OF STATE OF STATE OF STATE OF ASSUMED Business Name.

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

AKT & Associates		
2. The true name(s) and business address(es) of business under the assumed business name Name Ninette L. Goucher	•	ntity or individual(s) doing Complete Address Eastshore Dr. Hayden Lake, ID 83835
3. The general type of business transacted und		
Retail Trade		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 Phone number (optional): 208-772-0770
		Secretary of State use only
ignature:	g tcorptformslabn formslabn p65 Revised 04/2003	IDAHO SECRETARY OF STATE 10/31/2005 05 =: CK: 1035 CT: 158010 RH: 91 1 0 25.00 = 25.00 ASSUM NA