

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2015 APR -6 AM 9: 11

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

Kenner Swim Club	
2. The true name(s) and <u>business</u> addre	ess(es) of the entity or individual(s) doing
business under the assumed busines	
<u>Name</u>	Complete Address
Kenner Swim Club, LLC	404 West Vista Drive, Coeur d'Alene, ID 83815
(W149444)	
	
3. The general type of business transact	ted under the assumed business name is:
Retail Trade Transpor	rtation and Public Utilities
Wholesale Trade Construc	ction
Services Agricultum	ure
Manufacturing Mining	Submit Certificate of
Finance, Insurance, and Real E	Assumed Business State Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed	450 North 4th Street
Jennifer Kenner	PO Box 83720
404 West Vista Drive	Boise ID 83720-0080 208 334-2301
Coeur d'Alene, ID 83815	208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above):	Igment
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nature: ////////////////////////////////////	IDAHO SECRETARY OF STAT
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nted Mame: Jennifer Kenner	94/06/2015 05:00

D178096

Printed Name: _

Capacity/Title:__