

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2014 FEB 26 AM 8: 39

Please type or print legibly. Instructions are included on back of application.

••	The true name(s) and <u>business</u> address(es business under the assumed business name Name	ne: Complete Address
	Kimberly D. Keene	2966 W. Ginger Gold Dr.
	James P. Keene	Kuna, ID 83634
3.	The general type of business transacted until Retail Trade Transportation 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: James Keene 2966 W. Ginger Gold Dr Kuna, ID 83634	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgmer copy is (if other than # 4 above).	nt
		Secretary of State use only

IDAHO SECRETARY OF STATE
02/26/2014 05:00
CX: 1242 CT: 158018 BH: 1412279
1 0 25.00 = 25.00 ASSUM NAME # 2

Printed Name

Capacity/Title:

Uwner