

Capacity/Title: <u>owner</u>

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME, DEC 16 AM 9: 34 ECTIVE Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Please type or print legibly. TE: See instructions on reverse before filing.

NOTE: See instructions on reverse before filing.

Econolite machine	
2. The true name(s) and business address(e business under the assumed business na Name  Ronald K Kauhle  Beverly m Kauhle	me: Complete Address
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to:
Forder ay, TD 8385.  5. Name and address for this acknowledged.	PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
COPY IS (if other than # 4 above):	(208) 21c 3-3030 Secretary of State use only
nature: Breverly Kaulle  nted Name: Beverly Kauble	Sed under Secretary of State   12/16/2005

CK: 1224 CT: 158010 BH: 927107 1 8 25.00 = 25.00 ASSUM NAME # 2