

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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





	140 AF
 The assumed business name which the undersign business is: Kandy's Pleasure 	,
2. The true name(s) and business address(es) of the business under the assumed business name: Name	e entity or individual(s) doing Complete Address
James Tenney No	27946 Fall ST Athol IO
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction	Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Kandu Tennesu	Secretary of State 700 West Jefferson Basement West PO Box 83720
N 21946 Fall St Athol ID 33801	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional): 208-6-6-6
Same as Above	Secretary of State use only
gnature: Kan Qu Jenney inted Name: Kanay Tenney granting required)	
rinted Name: Kanay Tenney	

IDAHO SECRETARY OF STATE

06/28/2004 05:00

CK: 538674813 CT: 158010 BH: 752816
1 0 25.00 = 25.00 ASSUM NAME # 2

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