

CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 21- AND 9: 14

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Printed Name: Kelli D. Conran

(see instruction #8 on back of form)

Capacity: Dwner

STATE DEATE AND IDAHO

The true name(s) and <u>business</u> address(es) of the elbusiness under the assumed business name: Name	
Kelli Conran 1906	
The general type of business transacted under the Retail Trade Transportation and Pu	
 Wholesale Trade ☐ Construction X Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed: 1906 Diane Ct. IDAHO FALLS, I.D.	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
83402 Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 542 - 9554

orpVorms\abn forms\ab\ Revised 01/2001

IDAHO SECRETARY OF STATE

@3/21/2005 05:00

CK: 3876 CT: 158810 BH: 799552

1 2 25.80 = 25.80 ASSUM NAME # 2

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