



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

2005 NOV 15 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

K bar M Consulting

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Matthew Leckband

220 NE Lightning St

Mt Home, ID 83647

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

4. The name and address to which future correspondence should be addressed:

Matthew Leckband

220 NE Lightning St

Mt Home, ID 83647

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208-591-0841

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Matthew Leckband

220 NE Lightning St

Mt Home, ID 83647

Signature:

(signature required)

Printed Name:

Matthew Leckband

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
11/15/2005 05:00
CK: 1447 CT: 150010 BH: 922121
1 @ 25.00 = 25.00 ASSUM NAME # 2

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