



# 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.**

FILED EPT  
03 AUG -5 PM 12:05

SECRETARY OF STATE  
STATE OF IDAHO

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

HANDYMAN KEN

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

| <u>Name</u>              | <u>Complete Address</u>   |
|--------------------------|---------------------------|
| <u>KENNETH L Ketchum</u> | <u>315 S. GARDEN ST.</u>  |
| <u></u>                  | <u>BOISE, IDAHO 83705</u> |
| <u></u>                  | <u></u>                   |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input checked="" type="checkbox"/> Construction             |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

KENNETH L Ketchum  
315 S GARDEN ST.  
BOISE, ID 83705

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

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

Phone number (optional):

208 866 8037

Signature: Kenneth L Ketchum

(signature required)

Printed Name: Kenneth L Ketchum

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn\_forms\labn.pdf Revised 04/2003

IDAHO SECRETARY OF STATE  
08/05/2003 05:00  
CK: CASH CT: 158010 BH: 694687  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D47691