

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED E- TELL FOR

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

1 103 12 AR 8: 17

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

STATE STATE

The assumed business name which the under business is:	ersigned use(s) in the transaction of
KOCKS UNLIMITED	D
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name Name RONALO ACUNA	of the entity or individual(s) doing e: <u>Complete Address</u> P.O. 372 kyJA IDAHO 93634
3. The general type of business transacted und	der the assumed business name is:
Retail Trade	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
 Name and address for this acknowledgmen copy is (if other than # 4 above). 	Phone number (optional): (200) 724-7298
	Secretary of State use only
Signature: (signature required)	IDAHO SECRETARY OF STATE 93/12/2004 05:00 CK: CASH CT: 158819 BH: 732642 1 0 25.00 = 25.00 ASSUM NAME # 2
Printed Name: Koal ACUNA Capacity/Title: OWNEL	CK: CASH CT: 158819 BH: 732642 1 @ 25.88 = 25.88 ASSUM NAME # 2