

Printed Name: Kowi

Capacity/Title: Owner

(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. 2007 MAR 26 AM 9: 5

FILED EFFECTIVE

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

The assumed business name which the undersigne	STATE OF TOTAL STATE
business is: Kand G Trucking	- and the state of
The true name(s) and business address(es) of the business under the assumed business name:	entity or individual(s) doing
Name	Complete Address 56 ELLEL Lee AVE
	win Vall3 Adams 8330
The general type of business transacted under the	assumed business name is:
☐ Retail Trade ☐ Transportation and Pu ☐ Wholesale Trade ☐ Construction	blic Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
1856 Elderte NOE Twin Falls John	PO Box 83720 Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-731-6887
	ALS .
	Secretary of State use only

IDAHO SECRETARY OF STATE

03/26/2007 05:00

X: 1158 CT: 158018 BH: 1842419

8 25.00 = 25.00 ASSUM MAME # 2