S

P

S

Capacity/Title:

Printed Name: _____



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2015 APR 20 PM 12: 35

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the und	ersigned use(s) in the transaction of
business is: LEEN 40 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
/ Name /	Complete Address
Sanda / Kom	454 D. Malaca Lana
- survey	Para Del Barro
	- 13000 , 29 3345
The general type of business transacted unc	der the assumed husiness name is:
	and Public Utilities
Retail Trade Iransportation : Wholesale Trade Construction	and I ubile offices
Services Agriculture	<u></u>
☐ Manufacturing ☐ Mining	Submit Certificate of
	Assumed Business
☐ Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
KLEEN 40	PO Box 83720 Boise ID 83720-0080
454 S. Malagacani	208 334-2301
Pers ID87769	
Name and address for this acknowledgment copy is (if other than # 4 above):	
1/2/2	Secretary of State use only
gnature: Jak Challan	
nted Name: Sandra Stamp	10AHO SECRETARY OF STATE 04/20/2015 05:00
pacity/Title:	CK:2764986 CT:172099 BH:1471
nature:	1@ 25.00 = 25.00 ASSUM NAME

1) 178414