

Printed Name: KATHLEEN

(see instruction # 8 on back of form)

Capacity/Title: OWNER

## CERTIFICATE OF ASSUMED BUSINESS NAME

## LED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 09 JUN 24 AM 8: 47 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

business under the assumed business	ress(es) of the entity or individual(s) doing
Name	Complete Address
KATHLEEN S. COOK	158 FRIEDMAN LANE BELIEVIE ID 8331
Retail Trade Transp	Assumed Business Name and \$25.00 fee to:  Idaho Secretary of State 450 N 4th Street PO Box 83720
158 FRIEDMAN LANE BELLEVUE, 10 83313	Boise ID 83720-0080 (208) 334-2301
i. Name and address for this acknow	viedgment

Voorpviormsvabn formsvabn.p6 Revised 04/2003

IDANO SECRETARY OF STATE 06/24/2009 05:00 IX: 1501256 CT: 158018 BH: 1176869 L 0 25.00 = 25.00 ASSUM NAME # 2