

Capacity/Title:_

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.

Instructions are included on back of application.

FILED EFFECTIVE

1) 169597

2014 MAR 11 AM 10: 04

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersign business is: KCM Construction	ned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Kyle Moses	e entity or individual(s) doing Complete Address 1503 Salem Boise FD 83705
3. The general type of business transacted under th Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 2/20 Ucubena De. Meridian FD 83642	Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Kle More	Secretary of State use only
Printed Name: Kyle Moses	
Capacity/Title: Owner	INOUN SECRETARY OF STATE
Signature:	IDAHO SECRETARY OF STATE 03/11/2014 05:00 CK: CASH CT: 294145 BH: 1414734 1 0 25.00 = 25.00 ASSUM NAME # 2
Printed Name	

abn.pmd Rev. 07/2010