

Capacity/Title: Vreside

(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.

FILED TERECTI 07 OCT 29 AM 8: 46 SECRETARY OF STATE STATE OF IDAHO

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

2. The true name(s) and business address business under the assumed business n	s(es) of the entity or individual(s) doing
Name	Complete Address
KELLY Phillips	_ 2248 N Crane Rd
	King Hill ID 83633
3. The general type of business transacted	d under the assumed business name is:
Retail Trade Transportat	tion and Public Utilities
✓ Wholesale Trade☐ Construction☐ Services☐ Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Esta	
4. The name and address to which future	Idaho Secretary of State
correspondence should be addressed:	450 N 4th Street PO Box 83720
Kelly Phillips	Boise ID 83720-0080
2248 N Crane Rd	(208) 334-2301
King Hill ID 830	633
5. Name and address for this acknowledgr	iment
CODY IS (if other than # 4 above):	
	Secretary of State use only

IDAHO SECRETARY OF STATE
10/29/2007 05:00
CK: 93359365650 CT: 158018 BH: 1882653
1 @ 25.08 = 25.08 ASSUM NAME # 2

