

## **CERTIFICATE OF**

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

SECRE ARY OF STATE

	STAIL OF IDAIN
The assumed business name which the unbusiness is:	- ','
Kachel's Miche	
2. The true name(s) and <u>business</u> address(es business under the assumed business name  Name  ACCLARI (A) DST FALL	
	73467
The general type of business transacted ur	nder the assumed business name is:
Retail Trade Transportation	and Public Utilities
Wholesale Trade Construction	
	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future	
correspondence should be addressed:	Secretary of State 450 North 4th Street
Lachel West Fall	PO Box 83720 Boise ID 83720-0080
505 Porphyry St.	208 334-2301
5. Name and address for this asknowledgmen	nt
<ol><li>Name and address for this acknowledgmer copy is (if other than # 4 above):</li></ol>	IL .
1) 0 145 136	Secretary of State use only
Signature Locul E. Westfall	
Printed Name: Cachel WOSHFall	TRAUS STORTTANN OF STATE
Capacity/Title: Own	IDAHO SECRETARY OF STATE 95/23/2011 95:90 CV: 195 CT: 259892 RH: 1274884
Signature: Mocket	1 9 25.00 = 25.00 ASSUM NAME # 2
Printed Name: Capacity/Title:	01117700
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