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Business Registration Division DEPT. OF COMMERCE AND **CONSUMER AFFAIRS** State of Hawaii

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

STATE OF HAWAII **DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS** Business Registration Division 335 Merchant Street

Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810 Phone No. (808) 586-2727



APPLICATION FOR REGISTRATION OF TRADE NAME

(Chapter 482, Hawaii Revised Statutes)

1.	1. Applicant's Name: KEVIN HILL 73-4697 KAHUALANI RD, K	ONA, HJ 96740,	USA	
	Applicant's Address:	(including city, state, and zip of	code)	
2.	2. Registration is (check one):	newal		
3.	3. Status of Applicant (check only one): Sole Proprietor	Corporation	Partnership	LLC LLP
	Unincorporated Association OR Other (explain	n):		
4. 5.	If applicant is an entity, list state or country of incorporation/formation/organization: Trade Name is: KEVIN HILL HORSESHOEING			
	<u></u>			
6.	7		whom name was assig	ned to by another)
7.	7. Nature of business for which the trade name is being used: HC	DRSESHOEING		
I certify, under the penalties set forth in Section 482-51, Hawaii Revised Statutes, that (check one):				
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	I am the(Office Held)	of the	applicant named in the	foregoing application, I am
	I am the	of the true and correct to the b	applicant named in the	foregoing application, I am
	I am the(Office Held)	of the	applicant named in the	foregoing application, I am
	I am the(Office Held) authorized to sign this application, and that the above statements are	of the true and correct to the b	applicant named in the	foregoing application, I am
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(Director of Commerce and Consumer Attairs)