To:



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2012 FEB -6 PH 3: 27 SECRETARY OF STATE STATE OF TOAHO

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

Fly Fa	ar in Idaho
The true name(s) and <u>business</u> address(e business under the assumed business nat Name Michael D Pfau	rne: Complete Address
Miciael D Plag	P.O.box 733
	Hailey ID 83333
3. The general type of business transacted u Retail Trade	Submit Certificate of
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt
nted Name: Mike Ptan pacity/Title: Owner	Secretary of State use only
nature:	
nted Name:	IDANO SECRETARY OF STATE
pacity/Title:	92/97/2012 95:00

abn.pmd Rev. 07/2010

CK: 897457 CT: 172099 BH: 1309491 1 0 25.00 = 25.00 ASSUM MAME # 2

153102