

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00. FILED EFFECTIVE

2018 APR -2 AM 9= 26

SECRETARY OF STATE STATE OF IDAHO

STATE OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is:

Payette Knives

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

| | David Allison | 1036 N Caucus Way |)36 N Caucus Way Meridian, ID 83642 | | | |
|-------------------------------|--|---|--|--|------------|--|
| | (Name) | (Address) 1036 N Caucus Way Meridian, 1D 83642 | | | | |
| | Melissa Allison | | | | | |
| | (Name) | (Address) | | | | |
| | (Name) | (Address) | | | | |
| | (Name) | (Address) | | | | |
| 3. | The general type of business transacted under the assumed business name is: | | | | | |
| | X Retail Trade | Construction | Trans | portation and Public U | Jtilities | |
| | Wholesale Trade | Agriculture | Minir | • | | |
| | | Manufacturing | | ce, Insurance, and Re | eal Estate | |
| 4. | Mailing address for future of David Allison (Name) 1036 N Caucus Way (Address) Meridian, ID 83642 | orrespondence: | 5. Name and a COpy is (if othe (Name) (Address) | ddress for this acknow r than # 4): | wledgment | |
| | | State) (Zipcode) | (City) | (State) | (Zipcode) | |
| Pri | inted Name: David Allison | | | Secretary of State use only | | |
| Sic | gnature: Drl / | | | | | |
| Printed Name: Melissa Allison | | IDAHO SECRETARY OF STATE 04/02/2018 05:00 | | | | |
| Signature: Milina Ilin | | | CK:1377 CT:332110 BH:1635836 10 25.00 = 25.00 ASSUM NAME #2 | | | |
| | nted Name: | | | | | |
| Signature: | | | D201635 | | | |
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