

CERTIFICATE OF ASSUMED BUSINESS NAME Click here to of Pursuant to Section 53-504, Idaho Code, the undersigned JUL 31 AM 9: 52

Click here to clear form.

Please type or print legibly.

SECRETARY OF

NOTE: See instructions on reverse bi	STATE OF IDAHO
1. The assumed business name which the business is:	undersigned use(s) in the transaction of
Snow Peak Design	
The true name(s) and business address; business under the assumed business n Name Lindi Jo Smedley	
	Inkom, Idaho 83245
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture	tion and Public Utilities on
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Snow Peak Design	PO Box 83720
2424 S. Old Hwy 91	Boise ID 83720-0080
Inkom, Idaho 83245	208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment Phone number (optional):
	Secretary of State use only
Printed Name: Linds Jo Gradley	– ৪ – Don't forget to sign the form after you've printed it out! – ১১ মূর্য বিষয়ে বিষয় বিষয়ে বি
Capacity/Title: 0WNEV	- such as: owner, president, partner, manager, etc IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	CK: 1232 CT: 2026 05: 00 CK: 1232 CT: 202873 BH: 967486