(see instruction # 8 on back of form)



CERTIFICATE OF ASSUMED BUSINESS NAME

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

NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE

02 JAN -3 AM 9: 15

STATE OF IDAHO

The assumed business name which the under business is: .	ersigned use(s) in the transaction of
- Angela's Gun	1
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name: Name Angla Strickland	Complete Address SCO Ball Dale # 6 Ketalum TD 83316
The general type of business transacted under	er the assumed business name is:
Γ¬	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
	Secretary of State use only
Signature: Printed Name: Capacity: (see instruction # 8 on back of form)	1000110 passage 010001
Capacity: (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE

IDAHO SECRETARY OF STATE
91/03/2002 95:00
CK: 1182 CT: 155239 BH: 437829
1 8 28.88 = 28.88 ASSUM NAME # 2