CERTIFICATE OF ASSUMED BEALESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHOUL 16 411 9: 58 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name AHO				
	The assumed business name which the undersigned use(s) in the transaction of business is:			
	IDAHO CHAPTER SAFARI CLUB		•	
2.	t. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Name David I, CAPECL		HUNTER & CAPELL P.A.	
		P.O. FOX 1304		
		POLATEILO,	10. 83204-1304	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	Retail Trade			
4. The name and address to which future Phone number (optional)(عمع) عقد عدد المحافظة المحاف				
			Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
			Secretary of State use only	
•	d Name: DAVID 1. CASELL	n.p65 Revision 12/99	IDAHO SECRETARY OF STATE 97/17/2001 05:00 CK: 1612 CT: 122732 BH: 486146 1 0 28.00 = 20.00 ASSUM NAME # 2	
Capacity: OWNER		gicorpiomstabn.p85		
(see instruction # 8 on back of form)			D46829	