

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! AR 30 4/4 9: 16

Please type or print legibly.

NOTE: See instructions on reverse before filing. STATE OF IDAHO

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1. The assumed business name which the undersigned use(s) in the transaction of business is: Shake River Scapworks.
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Complet
Retail Trade
Caldwell, TD 83607 Converse should be addressed: Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
5. Name and address for this acknowledgment copy is (if other than # 4 above): Christopher Hamilton Secretary of State use only
Signature: Signature required) Printed Name: Signature required) Capacity/Title: Owner Operator (see instruction # 8 on back of form) Signature: Signature required) IDANO SECRETARY OF STATE O3/30/2005 05:00 CK: 576 CT: 158018 BH: 881539 1 9 25.88 = 25.88 ASSUM NAME #

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