



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE
2007 APR -9 AM 9:27

Please type or print legibly.
NOTE: See Instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

- The assumed business name which the undersigned use(s) in the transaction of business is:

Sick winded Saloon

- The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Dave Woodhead

Complete Address

233 5th Ave S, Twin Falls, ID 83301

- The general type of business transacted under the assumed business name is:

Retail Trade Transportation and Public Utilities
 Wholesale Trade Construction
 Services Agriculture
 Manufacturing Mining
 Finance, Insurance, and Real Estate

- The name and address to which future correspondence should be addressed:

233 5th Ave South
Twin Falls, ID 83301

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

- Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-732-0077

Secretary of State use only

Signature: David Woodhead
(signature required)

Printed Name: David Woodhead

Capacity/Title: Owner

(see instruction # 8 on back of form)

Information Formulation p65
Revised 04/2003

IDaho SECRETARY OF STATE
04/09/2007 05:00
CK: 1205 CT: 144828 BH: 1045679
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 110233