

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.

2011 OCT -6 PH 2: 43

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the unc	idersigned use(s) in the transaction of
	business is: Dune Rider Enterpri	`
	Dune Rider Enterpri	ises
2.	The true name(s) and <u>business</u> address(es) business under the assumed business name Name Tange Davies Dustin Davies	s) of the entity or individual(s) doing ne: <u>Complete Address</u> <u>1828 Oak brook RJ Idaho falls ID</u> <u>Same</u> 83401
3.	The general type of business transacted un	nder the assumed business name is:
		Submit Certificate of
4.	The name and address to which future correspondence should be addressed: Janae Davies 1828 Oakbrook Rd Idaho Falls, ID 83401	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgmen copy is (if other than # 4 above): Same	nt
Signa	ture: Janae Davies	Secretary of State use only
Printe	nd Name: Jange Davies	
	city/Title: Owner	
Signa	1 6	
_	d Name: Dustin Davies	IDAHO SECRETARY OF STATE
Capacity/Title:		10/06/2011 05:00 CK: 882984 CT: 172099 BH: 1293345 1 8 25.88 = 25.88 ASSUM NAME # 2

abrt.pms Rev. 07/2010

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