

Printed Name: _

Capacity/Title: Olyneir

(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.

09 MAY 26 AM 9: 15

FILED EFFECTIVE

SECRETARY OF STATE

| Please type or print legibly. NOTE: See instructions on reverse before filing | STATE OF IDAHO |
|---|---|
| The assumed business name which the undersignation business is: Blast From The PAST | _ |
| 2. The true name(s) and business address(es) of the business under the assumed business name: Name Pro Fary Warwick Fin | entity or individual(s) doing Complete Address BOX 1830 PROMVERS RY, Idnho 83805 |
| 3. The general type of business transacted under the Retail Trade | |
| Signature: Jans Naw | Secretary of State use only |

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