Capacity: Owner

(see instruction # 8 on back of form)

21	
CERTIFICATE OF ASSUM (Please type or print legibly.	MED BUSINESS NAME See instructions on reverse.)
To the SECRETARY OF STATE, STAPursuant to Section 53-504, Ida gives notice of adoption of an Asta.  1. The assumed business name which the uncertainty of the state of the sta	ho Code, the undersigned STATE
business is: Ultimate Arms Works	
The true name(s) and business address(es business under the assumed business name).	s) of the entity or individual(s) doing ne is/are:
Jason Janousel 4	Complete Address 1905 Sindol Kind Dr. Box Id 83704
The general type of business transacted ur (mark only those that apply)	nder the assumed business name is:
Retail Trade  Manufacturing  Wholesale Trade  Agriculture  Services  Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
The name and address to which future P correspondence should be addressed:	hone number (optional): 208) 3171-3 17017
1905 Sunderland DE	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Jan	IDAHO SECRETARY OF STATE  102/01/2001 09:00
Printed Name: Jason Jahonsek	CK: 1825 CT: 141665 BH: 376334

1 @ 20.00 = 20.00 ASSUN NAME # 2

D-42294