## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO MP MO

<u>₹                                    </u>	Pursuant to Section 53-504, Idah	o Code,	theu	f <b>i</b> deraigne	ed	
1	gives notice of adoption of an As The assumed business name which the unc	Sumed D	usine	SS IVAILIE		
٠.	business is:	. O. O. G. 10 C	- 49.2			
	THE OUTFITTER					
				1.0		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:					
	<u>Name</u>		Com	nplete Address		
	DONALD COBB	PO	Bo	X 150	רכ	
		EAG	LE	IO	83616	
3.	The general type of business transacted un (mark only those that apply)	der the a	ssum	ed busine	ess name is:	
	Retail Trade			nce, Insur	and Public U ance, and Rea	
4.	The name and address to which future Phone number (optional):					
	PO BOX 1507			Submit Će	ertificate of	
	EAGLE ID 83616	>		Assumed	C.	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t		Secretary 700 West Basement PO Box 83 Boise ID 8 208 334-2	Jefferson West 3720 3720-0080	de de
				Secretary	of State use only	
		12/99		IDAHO SECRE	TARY OF STATE	,
natu	ure:	Revision 12/99	CX	)1/1 <i>a</i> /a	26812 BH: 288282	3
				9 00 00	A	

Sig

Printed Name: DOMALD COBB

Capacity: Owner

(see instruction # 8 on back of form)

20.00 = 20.00 ASSUM NAME # 2

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