227	
CERTIFICATE C	
ASSUMED BUSINES	SS NAME
Pursuant to Section 53-504, Idaho Cod submits for filing a certificate of Assume	ed Business Name.
Please type or print legibly	
Instructions are included on back of	application.
1. The assumed business name which the	undersigned use(s) in the transaction of
business is:	undersigned use(s) in the transaction of the
Premier Baseball Club	
 The true name(s) and <u>business</u> address business under the assumed business r 	
Name	Complete Address
Premier Sports Center	5986 E Commerce Loop Post Falls, ID 83854
(u2545)	
3. The general type of business transacted	tunder the assumed business name is:
	tion and Public Utilities
Wholesale Trade Construction	
Services Agriculture	
🗌 Manufacturing 🗌 Mining	Submit Certificate of
Finance, Insurance, and Real Esta	Assumed Business ate Name and \$25.00 fee to:
4. The name and address to which future	Constant of State
correspondence should be addressed:	Secretary of State 450 North 4th Street
Premier Sports Center	PO Box 83720
5986 E Commerce Loop	Boise ID 83720-0080 208 334-2301
Post Falls, ID 83854	
5. Name and address for this acknowledgr	nent
COPY IS (if other than # 4 above).	
	-
	Secretary of State use only
Signature:	
Printed Name: Shannon D Horn	-
Capacity/Title: ^{President}	-
Signature:	- 01/18/2013 05:00
Printed Name:	
Capacity/Title:	
//21/2012 abn.pmd Re	ev. 07/2010 DIG0405