



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2013 JUL -1 AM 9:29

SECRETARY OF STATE
STATE OF IDAHO

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:

TACTICAL SHOOTING SOLUTIONS IDAHO

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

JOE W. LOVE

2444 ST. CLAIR RD. IDAHO FALLS, ID 83404

PAULA A. LOVE

2444 ST. CLAIR RD. IDAHO FALLS, ID 83404

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

JOE W. LOVE

2444 ST. CLAIR ROAD

IDAHO FALLS, ID 83404-6311

5. Name and address for this acknowledgment copy is (if other than # 4 above):

PAULA A. LOVE

2444 ST. CLAIR ROAD

IDAHO FALLS, ID 83404-6311

Signature: Joe W. Love

Printed Name: JOE W. LOVE

Capacity/Title: OWNER / PRESIDENT

Signature: Paula A. Love

Printed Name: Paula A. Love

Capacity/Title: OWNER / VICE-PRESIDENT

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
07/01/2013 05:00
CK: 4251 CT: 284862 BH: 1380340
1 @ 25.00 = 25.00 ASSUM NAME # 2

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