



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

02 JUN 11 AM 10:59

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Roberto Bergersen's Hoop Dreams Basketball Camps

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

<u>Name</u>	<u>Complete Address</u>
<u>Ed Boyce</u>	<u>1228 So. Arbor Island Eagle ID 83616</u>
<u>Roberto Bergersen</u>	<u>5279 Walcott Ave. Boise ID 83719</u>
<u>Ben Reed</u>	<u>14399 W. Talon Creek Way</u>

Boise, ID 83713

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" 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:

Ed Boyce
1228 So Arbor Island Pl.
Eagle ID 83616

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

Signature: _____

Printed Name: _____

Capacity/Title: _____

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208 938-1155

Secretary of State use only

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Revised 12/2001

IDAHO SECRETARY OF STATE
06/11/2002 05:00
CK: CASH CT: 150010 BH: 470909
1 @ 20.00 = 20.00 ASSUM NAME # 2

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