

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2015 SEP 16 AM 10: 15

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

	HOLIDAY ELITE BASK	ET BALL
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
	<u>Name</u>	Complete Address
	SPORTS ACADEMY OF IDATO, INC	2569 W HUNGRY CREEK ST.
	C 189126	MERIO, AN 10 83646
3.	The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Agriculture	
	Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed: HOLIDAY ELITE BASIGET BALL 2569 W HANGEY CALEK ST MERD, AN 10 83646	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	
		Secretary of State use only
Printe Capa	ed Name: JOE DE VERA city/Title: Four OFN PRESIDENT	IDAHO SECRETARY OF STATE 09/16/2015 05:00 CK:3209518 CT:172099 BH:1492506 16 25:00 = 25:00 ASSUM NAME #2
Signa	ture:	