

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

			10×10 115
The assumed business name which the u	ndersigned u	use(s) in the transacti	ion of
business is:			
Silver Mountain Archer	4		
2. The true name(s) and business address(e		ity or individual(s) do	ing
business under the assumed business na		Camplete Address	
<u>Name</u>		Complete Address	TN GOOLD
Greg IngAlls	709 97	h ST Pinchurst I	10 53850
			100
3. The general type of business transacted t	under the ass	sumed business nam	ne is:
Retail Trade Transportation	on and Public	c Utilities	
Wholesale Trade Construction	n		
Services Agriculture		Submit Certificate of	
		Assumed Business	
Finance, Insurance, and Real Estat	e	Name and \$25.00 fe	ee to:
4. The name and address to which future correspondence should be addressed: Greg Tuplic Silver Macricia Archery		Secretary of State	
		700 West Jefferson Basement West PO Box 83720	
	L	206 334-2301	
5. Name and address for this acknowledgr	nent	Phone number (option	onal):
COPY IS (if other than # 4 above).			
			
		Secretary of State	use only
	_		
	Mabn.p6	b1	3195
Signature: (signature required)	- forms 4/2003	IDAHO SECR	ETARY OF STATE
Printed Name: <u>Greg_IngAlls</u>	orp/forms/abn/ forms/abn.p65	02/17/2(CK: 414 CT: 1	58010 BH: 727808
Capacity/Title: president	Sorp\fc	I & 52.00 = 52	5.00 ASSUM NAME # 8