

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.

10 MAR - 1 AM 8-53

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Capacity/Title: sole proprietorship
(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

Sandog Survival Shappe,	The second secon
The true name(s) and business address(es) of the e business under the assumed business name:	entity or individual(s) doing
Name	Complete Address
Le-Anne Bolton-Lewis 265	N. Main St.
	BOX 617
Drig	103, ID. 83422
3. The general type of business transacted under the a	pseumod businose namo is:
□ Wholesale Trade □ Construction □ Services □ Agriculture □ Manufacturing □ Mining □ Finance, Insurance, and Real Estate I. The name and address to which future correspondence should be addressed: \[\sum \left\left\left\left\left\left\left\left	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
8	Secretary of State use only

IDAHO SECRETARY OF STATE

03/01/2010 05:00

CK: 1989 CT: 241348 BH: 1218128
1 8 25.88 = 25.88 ASSUM NAME # 2

D137260