

Printed Name:

Capacity/Title: へいれer

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFE

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

700 CTO 25 41 9: 29

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: Glow N Golf 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 Jason A Lyle 535 Gary Street, Pocatello, ID 83201 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Manufacturing Mining **Assumed Business** Name and **\$25.00** fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 700 West Jefferson correspondence should be addressed: **Basement West** Glow N Golf PO Box 83720 Boise ID 83720-0080 Attn: Jason A. Lyle 208 334-2301 535 Gary, Pocatello, ID 83201 Phone number (optional): 5. Name and address for this acknowledgment CODY is (if other than # 4 above). Secretary of State use only 1773490 Signature:

02/25/2004 CK: 3970 CT: 158010 BH: 729264