



**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**

09 MAY 22 AM 8:23

SECRETARY OF STATE  
STATE OF IDAHO

**Please type or print legibly.**

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

## Sun Valley Adult Hockey

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

Nicole Perkins

P.O. Box 1043 Ketchum, ID. 83340

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

Retail Trade       Transportation  
 Wholesale Trade       Construction  
 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:

Nicole Perkins  
P.O. Box 1043  
Ketchum, ID. 83340

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

**Signature:**   
(signature required)

Printed Name: Nicole Perkins

Capacity/Title: Manager

(see instruction # 8 on back of form)

Bewerbung M 12202

Secretary of State use only

05/22/2009 05:00  
CK: NO CK# CT: 150010 BH: 1171650  
1 @ 25.00 = 25.00 ASSUM NAME 1 2

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