



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.

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:

Wide Awake Distributing

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Justin LaFee

Complete Address

4383 W KUNA RD KUNA, ID 83634

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

WIDE AWAKE DISTRIBUTING

4383 W. Kuna RD
KUNA, ID 83634

Submit Certificate of
Assumed Business
Name and **\$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Justin LaFee

4383 W. Kuna RD
KUNA, ID 83634

Phone number (optional):

(208) 283-7981

Secretary of State use only

Signature: Justin LaFee
(signature required)

Printed Name: Justin LaFee

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 09/2002

11/20/2002 05:00
IDaho SECRETARY OF STATE
CK: 857 CT: 158018 BH: 647853
1 @ 20.00 = 20.00 ASSUM NAME # 2

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