## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse)

TO the SECRETARY OF STATE STATE OF IDAHO OF HIS



1.	The assumed business name which the ur business is:	ndersigned use(s) in the transaction of
	Golf Depot	
2.	The true name(s) and business address(e business under the assumed business name Name	, , ,
	Leon Groshon	1439 Elk Creek Dr Idaho Falls, Id. 8340
3.	The general type of business transacted unique (mark only those that apply)	inder the assumed business name is:
	☒ Retail Trade       ☐ Manufacturir         ☐ Wholesale Trade       ☐ Agriculture         ☒ Services       ☐ Construction	Finance, Insurance, and Real Est
4.	The name and address to which future Phone number (optional): correspondence should be addressed:	
	LEON Groshon  1439 EIK Creek Dr.  Idaho Falls. Id. 83464	Submit Certificate of Assumed Business Name and \$20.00 feeto: Secretary of State
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	700 West Jefferson
		INDUSTRIANT TO THE PLANT
		95/11/1998 99:99 CX: 2173 CT: 98557 BH: 189584
	ure: Leon Grashon	1 0 20.80 = 26.00 ASSUM MANE

(see instruction # 8 on back of form)