



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Instructions are included on back of application.

FILED EFFECTIVE

2014 MAY-30 AM 9:01

SECRETARY OF STATE
STATE OF IDAHO

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

A AMERICAN PAWN AND BOND

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

AMERICAN EAGLE, INC C. 128238

PO BOX 851, KETCHUM, IDAHO 83340

KINGSTON ADVISORY SERVICES, LLC

4885 GLENEAGLES DR, IDAHO FALLS, ID 83401

W 102572

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 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 checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

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

A AMERICAN PAWN AND BOND

4885 GLENEAGLES DR

IDAHO FALLS, ID 83401

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: *Danielle Kingston*

Printed Name: DANIELLE KINGSTON

Capacity/Title: DIRECTOR

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/30/2014 05:00

CK:1932664 CT:172099 BH:1426980

10 25.00 = 25.00 ASSUM NAME #3

D171608