

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.

2013 AUG 19 PM 12: 57

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

The assumed business name which the urbusiness is: Team Duke U6A	ndersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name Hailey Tane Duke	
3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Hailey Duke 10257 N. Palisades Way Boise, TD 83714	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt
Signature: Hailey Duke	Secretary of State use only
Capacity/Title: Sole Proprietor	
Signature:	IDAHO SECRETARY OF STATE 08/20/2013 05:00
Printed Name:	CK: 3921 CT: 274525 BH: 1386701 1 @ 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	\sim
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abn.pmd Rev. 07/2010