



CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 MAY 13 AM 8:40

Please type or print legibly.

SECRETARY OF STATE
STATE OF IDAHO

NOTE: See instructions on reverse before filing.

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

Edge Lifestyles

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
<u>Samuel Pappas</u>	<u>1124 E Seltice Way, Post Falls, ID 83854</u>
_____	_____
_____	_____

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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Samuel Pappas
1124 E. Seltice Way
Post Falls, ID 83854

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

Signature: [Signature]
(signature required)

Printed Name: Samuel Pappas

Capacity/Title: Owner
(see instruction # 8 on back of form)

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Secretary of State use only

IDAHO SECRETARY OF STATE
05/13/2010 05:00
CK: 1864 CT: 244607 BH: 1222031
1 @ 25.00 = 25.00 ASSUM NAME # 2

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