

CERTIFICATE OF ASSUMED BUSINESS NAME

2015 JUN -4 AM 8: 19

FILED EFFECTIVE

SECRETARY OF STATE STATE OF IDAHO

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.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Coach T's Camps	
2. The true name(s) and <u>business</u> address(e business under the assumed business name Name Todd Schweigert	S) of the entity or individual(s) doing me: Complete Address 255 Bonny Or. Twin Falls TO 9330)
3. The general type of business transacted under the Retail Trade Transportation Wholesale Trade Construction	under the assumed business name is:
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: Todd Schweigert 255 Bonny Dr. Twin Fall: ID 93301	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):	ent
	Secretary of State use only
Printed Name: Told Schweigert Capacity/Title: COUCH T'S CAMP	IDAHO SECRETARY OF STATE 06/04/2015 05:00 CK:3106 CT:158010 BH:1478319 16 25:00 = 25:00 ASSUM NAME #2
Printed Name:	N 170 70.

1) 179501

Capacity/Title:_