Signature:_

Printed Name:

Capacity/Title:_

owner

(see instruction # 8 on back of form)

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. NOTE: See instructions on reverse before fili	ng. \$ 00
The assumed business name which the undersign business is:	gned use(s) in the transaction of
Bowlers Choice o	of Idaho
The true name(s) and business address(es) of the business under the assumed business name: Name Janis Frederiksen	Complete Address 220 Sycamore St Twin Falls, Idaho
	83301
 ✓ Retail Trade ☐ Transportation and ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate ∴ The name and address to which future correspondence should be addressed: 	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
Bowlers Choice of Idaho	PO Box 83720 Boise ID 83720-0080
220 Sycamore St Twin Falls, Idaho 83301	208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only

IDAHO SECRETARY OF STATE

10/28/2005 05:00

CK: 4028 CT: 193681 BH: 919425

1 @ 25.00 = 25.00 ASSUM NAME # 2