CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned JUH 22 $\,$ AM $\,8\!\!:\!57$ submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

SECRETARY OF STATE

COLLEGE SPORTS FEVER	
The true name(s) and business address business under the assumed business Name	ss(es) of the entity or individual(s) doing s name: Complete Address
JAKE SHELLEY	6394 E. BRIMLEY DRIVE
	NAMPA IDAHO 83687
3. The general type of business transacte	ed under the assumed business name is:
Retail Trade Transportal Wholesale Trade Construct Services Agricultur Manufacturing Mining Finance, Insurance, and Real Est 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
6354 E. BRIMLEY DRIVE NAMPA IDAHO 83687	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	gment Phone number (optional): <u>463-9345</u>
	Secretary of State use only
inted Name: JAKE SHELLEY	IDAHO SECRETARY OF STATE Delta
pacity/Title: DWNER	IDAHO SECRETARY OF STATE 06/22/2007 05:00
(see instruction # 8 on back of form)	1 6 52.88 = 52.00 ASSUN MANE