## CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

97 MAY -5 PM 2: 12

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice GRETARY OF STATE
STATE OF IDAHO adoption of an Assumed Business Name.

1.	The assumed business name which the undersigned use(s) in the transaction of business is:					
	ATHLETE'S CHOKE		······································	· · · · · · · · · · · · · · · · · · ·	·	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:					
	Name			<u>Address</u>		
	DAVID P YOLKING JR		4203 WOOL	LAND DR	POST FALLS ID	8 859
	CAMILLE VALKING		~ SE	ime as a	ROVE -	
3.	The general type of business tran	nsacted und	der the assume	ed business ı	name is:	
	WHOLE SALE   RETAIL  See categories on the reverse	EV STO	M PRINTER	O GARMEN	, ਅਤ	
4.	The name and address to which correspondence should be addressed:					
	4203 WOODLAND DRIVE, POST FALLS, ID 83854					
	Signed Dan P Ving 4					
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		•		post of the second		
	Submit Certificate of Assumed Business Name and \$20.00 feet	to:	Customer#		en e	
	Secretary of State 700 West Jefferson PO Box 83720		Revision 10/96	Secretary of St DATI 0900 CX #:	IDAMO SECRETARY OF E 05/05/19 89527	97 2
	Boise ID 83720-0080		<b>*</b>	ASSLIMI		20.00