

CERTIFICATE OF ASSUMED BUSINESS NAME

US JAN -3 PM 4:47

FILED EFFECTIVE

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

SEGMENT OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

Sportsmans Express	
The true name(s) and business address(est business under the assumed business name	
3. The general type of business transacted up Retail Trade Transportation	nder the assumed business name is:
 Wholesale Trade ☐ Construction ☐ 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: Brad Kushlan 6489 State Hwy 78 Marsing, ID 83639	Secretary of State 700 West Jefferson Basement West 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 Phone number (optional): 208-412-6580
	Secretary of State use only
ignature: Brad & Kushlan rinted Name: Brad S Kushlan apacity/Title: Owner	1DAHO SECRETARY OF STATE 1DAHO SECRETARY OF STATE 1DAHO SECRETARY OF STATE 1 (24/2005 05:00 CK: CASH CT: 158010 BH: 784993 1 (25.00 = 25.00 ASSUM NAME #

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