1	
CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS N	NAME 2007 APP 20
Pursuant to Section 53-504, Idaho Code, the u	undersigned AH 11:05
submits for filing a certificate of Assumed Busin Please type or print legibly.	SECRETARY OF OT
NOTE: See instructions on reverse before f	filing.
	ness Name. SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name which the under	rsigned use(s) in the transaction of
business is: RMS Custom	Fly Rods
2. The true name(s) and business address(es) o	f the entity or individual(s) doing
business under the assumed business name:	
Name	Complete Address
Richard M. Sofaly	3598 E 3rd Ave Apt D
	Post Falls ID 83854
3. The general type of business transacted under	
 Retail Trade Iransportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Richard Sofaly 3598 E 3rd Ave Apt D Post Falls ID 83854 Name and address for this acknowledgment copy is (if other than #4 above): 	
	Secretary of State use only
MIM SAL	
Signature:	
Printed Name: Richard M Sofaly	IDAHO SECRETARY OF STATE 04/23/2007 05:00
Capacity/Title:Owner	IDAHO SECRETARY OF STATE IDAHO SECRETARY STATE STATE IDAH
(see instruction # 8 on back of form)	TUNTER
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