

227

**CERTIFICATE OF  
ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2015 OCT 26 AM 11:54

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

GO CALENDARS AND GAMES

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

STANLEY CROWLEY      782 NORTH VIEW DRIVE TWIN FALLS IDAHO 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

3. The general type of business transacted under the assumed business name is:

☒ Retail Trade☐ Construction☐ Transportation and Public Utilities☐ Wholesale Trade☐ Agriculture☐ Mining☐ Services☐ Manufacturing☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

STANLEY CROWLEY

(Name)

782 NORTH VIEW DR

(Address)

TWIN FALLS      IDAHO      83301

(City)

(State)

(Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: STANLEY CROWLEYSignature: *Stanley Crowley*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

10/26/2015 05:00

CK:3312946 CT:172099 BH:1497676

1@ 25.00 = 25.00 ASSUM NAME #2

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