



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
JAN 16 AM 9:15
STATE OF IDAHO

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

UP NORTH ARCHERY

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

MARK SCRIBNER

PRIEST RIVER IDAHO P.O. BOX 1425
EASTSIDE ROAD 83856

JOHN SCRIBNER

PRIEST RIVER IDAHO P.O. BOX
EASTSIDE ROAD 83856 372

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

UP NORTH ARCHERY

PRIEST RIVER IDAHO 83856

P.O. BOX 1425

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

Phone number (optional):

Signature: Mark Scribner
(signature required)

Printed Name: MARK SCRIBNER

Capacity/Title: PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
01/16/2004 05:00
CK: 5789 CT: 158010 BH: 722219
1 @ 25.00 = 25.00 ASSUM NAME # 2

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