



# 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.

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

Wilderness Preparedness Products

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

Name

Robert C. Floyd

Complete Address

520 Deer Trail Dr. Hailey ID 83353

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

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

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

(As above)

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

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

Phone number (optional):

208-578-0614

Signature: RCRan

(signature required)

Printed Name: Robert C. Floyd

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Rev04/2003

Secretary of State use only

D 81981

11/17/2004 05:00  
 CK: 9051 CT: 150010 BH: 777007  
 1 @ 25.00 = 25.00 ASSUM NAME # 2