



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

2014 FEB 19 AM 8:53

SECRETARY OF STATE  
STATE OF IDAHO

**Please type or print legibly.**  
**Instructions are included on back of application.**

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

ACE Weapons Training

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

<u>Name</u>	<u>Complete Address</u>
<u>Armed Citizen Education, LLC</u>	<u>7285 Mustang Ln, Emmett ID 83617</u>
<u>(W130411)</u>	

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

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" 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  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Jace A. Richards, Esq.

701 S. Allen St. #101

Meridian, ID 83642

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

\_\_\_\_\_

\_\_\_\_\_

Signature:

Printed Name: William Barry

Capacity/Title: Member

Signature:

Printed Name: William Oonger

Capacity/Title: Member

**Secretary of State use only**

IDAHO SECRETARY OF STATE  
02/19/2014 05:00  
CK: 2507 CT: 288845 BH: 1411241  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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