



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2015 NOV -6 AM 9:33

SECRETARY OF STATE
STATE OF IDAHO

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

FOCUS ARMS

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):

CHRISTIFER GRAHAM 148 E 620 N SHOSHONE, ID 83352

ANTHONY TOMKINS 2711 MARSHALL LN TWIN FALLS, ID 83301

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

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

4. Mailing address for future correspondence:

ANTHONY TOMKINS
2711 MARSHALL LN
TWIN FALLS ID 83301

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

 (Name)

 (Address)

 (City) (State) (Zip)

Printed Name: CHRISTIFER GRAHAM

Signature: [Signature]

Printed Name: ANTHONY TOMKINS

Signature: [Signature]

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/06/2015 05:00

CK:166417941 CT:316505 BH:1499401

1@ 25.00 = 25.00 ASSUM NAME #2

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