

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

> (signature required) Mark S. Moorer

Incorporator, Corporate Counsel

(see instruction # 8 on back of form)

Printed Name: \_\_

Capacity/Title:

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:  Daily Double	
3. The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:      Heidi Sheffler     1054 Lewis Road     Moscow, ID 83843	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 203 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent Phone number (optional):  (208) 882-2539
Mark S. Moorer  113 N. Jackson  Moscow, ID 83843  ignature: MUSUUM	Secretary of State use only  Secretary of State use only

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105/04/2007 05:00

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