

Printed/Name:

Capacity/Title:

(see instruction # 8 on back of form)

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

07 JUL -6 AM 10: 14

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business add business under the assumed busin	dress(es) of the entity or individual(s) doing ess name:
_ Name	Complete Address
Josh Bates	703 5. Galeson Rd. Boise, Id 83705
Andu Kelso	5645 Sites Dr. Baise Id 83705
Danny HcMullen	6032 S. Edmont Roise Id 83700
The general type of business trans	acted under the assumed business name is:
	Name and \$25.00 fee to: ture Secretary of State sed: 700 West Jefferson
703 S. Eagleson	Basement West PO Box 83720
Page Ti coast	Boise ID 83720-0080
	208 334-2301
. Name and address for this acknown copy is (if other than # 4 above).	wledgment Phone number (optional):

Revised 04/2003

IDAHO SECRETARY OF STATE

07/06/2007 05:00

CK: 1295 CT: 215153 BH: 1864334

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