CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned Pursuant to Section 54-504.	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
Southbowl to Sandpoint	
2. The true name(s) and business address(es) of the entity or business under the assumed business name is/are: Name Dave delegyw Polot 1996 Seg	lete Address
•	
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining Recreptions Liesan 4. The name and address to which future Phone number (optional): correspondence should be addressed:	
Southbowl to Sandpoint	Submit Certificate of Assumed Business
POBOX 1996 Sondpoint ID 83864	Name and \$20.00 fee to:
Sandpoint ID 83864 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Printed Name: Deve deleeaw Capacity: Lieson- officer	IDAHO SECRETARY OF STATE 94/92/2092 95:00 CK: 1226 CT: 158010 BH: 456150 1 8 26.00 = 20.00 ASSUM NAME # 2
Capacity. Cleson Onto Control	

(see instruction #8 on back of form)

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