



# 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:

No Limit Tackle

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

Name

Complete Address

Phil Biggerstaff

4105 Holmes Rd. Coeur d' Alene, ID 83815

Jory Schmeling

4105 Holmes Rd. Coeur d' Alene, ID 83815

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

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

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

Phil Biggerstaff

4105 Holmes Rd

Coeur d' Alene, ID 83815

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Secretary of State use only

Signature: \_\_\_\_\_

(signature required)

Printed Name: Phil Biggerstaff

Capacity/Title: Partner

(see instruction # 8 on back of form)

g:\corp\forms\labn forms\labn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
02/05/2009 05:00  
CK: 198299 CT: 172099 BH: 1155664  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D12600A

FILED EFFECTIVE