

Pursuant to Section 53-504, Idaho Code, the undersigned ECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

. The assumed business name which the undersig business is: Shake River Archery	ned use(s) in the transaction of
	Complete Address Maple St. Mar Id. 83686
s. The general type of business transacted under the	ne assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: The name and address to which future correspondence should be addressed: Think I W. Ellis Numper St.	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): 208- 442-8696
nature: Michael W. Cell	Secretary of State use only

Printed Name: Michael W. Clis

(see instruction # 8 on back of form)

Capacity: Owner

IDAHO SECRETARY OF STATE

08/21/2001 05:00

CK: 1903 CT: 150311 BH: 414741
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