

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 08 SEP 15 PM 1: 00 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before	SECRETARY OF STATE OF IDAHO
The assumed business name which the under business is:      Posterior	
PROTECTION DYNAMICS TR	AINING ACADEMY
The true name(s) and business address(es) business under the assumed business name     Name     DAVID R. HALL	of the entitle and the second
The general type of business transacted under	er the assumed business name is:
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  DAUD R. HALL 1069 MOUNTAIN MEADOWS RD. NAPLES, FD 83847	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional): (208)-267-9746
	Secretary of State use only
Signature: (signature required)  Printed Name: DAULD R. HALL	IDAHO SECRETARY OF STATE  ### ### ### ### ### ### ### ### ### #
Capacity/Title: DIR:	IDAHO SECRETARY OF STATE  9/15/2008 05:00  CK: 1624 CT: 158010 BH: 1135927
(see instruction # 8 on back of form)	E CK: 1624 CT: 158010 BH: 1133927 1 0 25.00 = 25.00 ASSUM MAME # 2