

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

08 SEP 22 AM 9: SECRETARY OF STATE STATE OF IDAHO

AILED TO

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:  BLACK MOUNTAIN FIREARMS	
2. The true name(s) and business address(es) of the e business under the assumed business name:  Name  David William Son  PT# 1 B	entity or individual(s) doing  Complete Address  BX Z5/5 BONNERS FERRY, ID 8380
3. The general type of business transacted under the a  Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  DAVID WILLIAM SON  RITTIBOX 2515  BUNNERS FERRY, ID 83805	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): 208-267-4059
	Secretary of State use only
Signature: Studies The Signature required of	IDAHO SECRETARY OF STATE  Ø9/22/2008 Ø5:00  CK: 3849 °CT: 158010 BH: 138828