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## 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.

Instructions are included on back of application.

## FILED EFFECTIVE

2012 JAN -3 AM 10: 59

STATE OF IDAHO

Madison C	County Swim Team
2. The true name(s) and <u>business</u> address business under the assumed business name  Name  HIT Camp, LLC  (W109 137)	
☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	tion and Public Utilities on
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta  4. The name and address to which future	Assumed Business ate Name and \$25.00 fee to:
Bradley Cordero  393 E 200 N	Secretary of State 400 Norm 4m Sueen PO Box 83720 Boise ID 83720-0080
Rexburg, ID 83440	208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment -
10	Secretary of State use only
ignature:	
apacity/Title: Manager	TRANS PERDETADO DE RIATE
rinted Name:	IDAHO SECRETARY OF STATE  91/93/2912 95:00  CK: 866671 CT: 172899 BH: 1304183
Capacity/Title:	1 8 25.80 = 25.68 ASSUM NAME #