

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on other page)

FILED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

99 MAY 13 AM 10:12

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned uses in the transaction is:
business is:

SPORTSMAN'S ATTIC

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

Name	Complete Address
<u>WILLIAM MASON</u>	<u>1485 Poleline Rd. MV Mall, Twin Falls, ID 83301</u>
<u>DEBBIE MASON</u>	<u>1485 Poleline Rd. MV Mall, Twin Falls, ID 83301</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

Retail Trade
Wholesale Trade
Services

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Manufacturing
Agriculture
Construction

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Transportation and Public Utilities
Finance, Insurance and Real Estate
Mining

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

SPORTSMAN'S ATTIC
1485 POLELINE ROAD MV MALL
TWIN FALLS, ID 83301

Phone number (optional): _____

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

FIRST SECURITY BANK N.A.
COMMERCIAL LOAN DOCUMENTATION CENTER
P.O. BOX 8203
BOISE, IDAHO 83707

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

Signature:

Printed Name: WILLIAM MASON

Capacity: Owner

Signature:

Printed Name: DEBBIE MASON

Capacity: Owner

(see instruction #8 on other sheet)

Secretary of State Use Only

IDAHO SECRETARY OF STATE

05/13/1999 09:00
CK: 210004565 CT: 66269 BH: 216513

1 @ 20.00 = 20.00 ASSUM NAME # 2

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