



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2007 MAR -5 AM 9:32

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Idaho Angling Addiction

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

Name

Cliff Zielke

Complete Address

P O Box 1201

Salmon, Idaho 83467

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Cliff Zielke

P O Box 1201

Salmon, Idaho 83467

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

Phone number (optional):

700
208 334-4243

Secretary of State use only

Signature:

Clifford L. Zielke

(signature required)

Printed Name: Clifford L. Zielke

Capacity/Title: Owner

(see instruction # 8 on back of form)

Form 53-504
Revised 04/2003
g:\corporation\forms\53-504.p65

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13/05/2007 05:00
CK: 3474 CT: 158010 BH: 1037061
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