



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**INTEGRATED
DEFENSIVE
ART'S**

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.

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

INTEGRATED DEFENSIVE ART'S

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>ROD POE</u>	<u>11880 PRESIDENT DRIVE</u> <u>BOISE, ID 83713</u>
<u>JILL POE</u>	<u>11880 PRESIDENT DRIVE</u> <u>BOISE, ID 83713</u>

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

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

INTEGRATED
DEFENSIVE
ART'S
11880 PRESIDENT DRIVE
BOISE, ID. 83713

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

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

FILED
08 APR 7 AM 8:38
SECRETARY OF STATE
OF IDAHO

Signature: RP

Printed Name: ROD L POE

Capacity: OWNER / INSTRUCTOR

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

04/07/1998 09:00
CK: 1701 CT: 97018 BH: 98799

1 @ 20.00 = 20.00 ASSUM NAME

013767

Revision 1/96

g:\corp\format\abn.p66