



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2005 MAR -4 AM 9:10

SECRETARY OF STATE
STATE OF IDAHO

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:

Killer Concepts

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

Name

Complete Address

Brandon P. Springs

3895 e. 1st. avenue, Post Falls, ID 83854

Dustin Rose

3895 e. 1st. avenue, Post Falls, ID 83854

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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:

Brandon P. Springs

3895 e. 1st. avenue

post falls, id 83854

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

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

Phone number (optional):

Secretary of State use only

Signature: _____

(Signature required)

Printed Name: Brandon P. Springs

Capacity/Title: owner

(see instruction # 8 on back of form)

g:\cert\forms\slain form\slain p65
Revised 04/2003

IDAHO SECRETARY OF STATE
03/04/2005 05:00
CK: 1140 CT: 150010 BH: 796650
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 85177