

## 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.

06 NOV 30 AM 10: 05

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

	STATE OF IDAHO
1. The assumed business name which the	e undersigned use(s) in the transaction of
business is:	• ,,
Golf Promot	
GOLT ILD WOLT	7101
2. The true name(s) and business address	ss(es) of the entity or individual(s) doing
business under the assumed business	name:
<u>Name</u>	Complete Address
	Soise,
Mathanier 1. Hood	5863 N. Cobbler Lane 8370
Act On Harbeting Lic	5863 N. dobbler Lane 63703
1155020	
<u> </u>	
2. The general type of business transacts	ad under the accumed business name is:
3. The general type of business transacted	a under the assumed business name is:
Trononada	ntion and Dublic Hillian
I to the state of	ation and Public Utilities
Wholesale Trade Construct	tion
Services Agricultur	re Codenia Considerate de
	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Est	state Name and \$25.00 fee to:
4. The many and address to which figures	Secretary of State
4. The name and address to which future	
correspondence should be addressed:	Basement West
P.O. Box 140513	PO Box 83720
1.0. 90% (705)	Boise ID 83720-0080
BOISE 10 83714	208 334-2301
,	200 004-2001
5. Name and address for this acknowled	dgment Phone number (optional):
CODY IS (If other than # 4 above):	
	***
	Secretary of State use only
-111111111111111111111111111111111111	—   <sub>8</sub>
M.H. O.	e especial control of the control of
Signature: (signature required) to	
	IDAHO SECRETARY OF STATE  11/30/2006 05:00
Printed Name: Pathenial T. Hood	11/30/2006 05:00
Capacity/Title: Owner/ Manager	Security
(see instruction # 8 on back of form)	
(200 mandedon # 0 On back of John)	D 105952