

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned APR 11 All 8: 54 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing. STATE OF IDAHO

Valiant Fire	arms
2. The true name(s) and business address(es) of the business under the assumed business name: Name Michael P. Guellar La Kayla R. Cuellar Tw	Complete Address 24 Main Ave. N. S.
The general type of business transacted under the Y	
The name and address to which future correspondence should be addressed: Michael P. Cuellar 124 Main AVC. N. Ste 206 Twin Falls, 10 83301	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional): 208 40년 1329
	Secretary of State use only

IDAHO SECRETARY OF STATE

94/11/2095 95:00

CK: 1238 CT: 158010 BH: 803682

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