

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigne FILED EFFECTIVE submits for filling a certificate of Assumed Business Name.

## Please type or print legibly. Instructions are included on back of application.

SECF STATE

	OTATE OF IDAHO
1. The assumed business name which the	undersigned use(s) in the transaction of
business is:	
Rive	er City Rifles
The true name(s) and <u>business</u> address( business under the assumed business n <u>Name</u>	
Stephen Maria	PO Box 2577, Idaho Falls, ID, 83403-2577
3. The general type of business transacted	under the assumed business name is:
	tion and Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
☐ Finance, Insurance, and Real Esta	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Stephen Maria	PO Box 83720 Boise ID 83720-0080
PO Box 2577	208 334-2301
Idaho Falls, ID, 83403-2577	
5. Name and address for this acknowledgn	nent
COPY IS (if other than # 4 above):	
	-
	_ Secretary of State use only
Signature:	
Printed Name: Stephen Maria	_
Capacity/Title: owner	
Signature:	IDAHO SECRETARY OF STATE 96/17/2011 95:00
Printed Name:	CK: 787422 CT: 172899 BH: 1278992 1 8 25.88 = 25.88 ASSUM MARE # 2
Capacity/Title:	_
abr.pmd Re	D148410

abn.pmd Rev. 07/2010