

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



7007 HAY 17 AM 8: 49

SECRETARY OF STATE STATE OF IDAHO

| 1. The assumed business name which the undersigned business is: Bear Shield | use(s) in the transaction of |
|---|---|
| The true name(s) and <u>business</u> address(es) of the er business under the assumed business name: Name | Complete Address |
| KEBECCA L- SHAVER 152. KOCKY IS SHAVER | Sunset Red Ka. Id. 83200 |
| 3. The general type of business transacted under the as | ssumed business name is: |
| Retail Trade Transportation and Pub Wholesale Trade Construction | lic Utilities |
| Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: Same as above | 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): |
| 8 | Secretary of State use only |
| ignature: Now w (signature required) rinted Name: Hour Shaver | IDAHO SECRETARY OF STATE 05/17/2007 05:00 CK: 5149 CT: 158010 BH: 1854375 |
| Capacity/Title: MANAGER | 1 8 25.98 = 25.00 ASSUM NAME # 2 |
| (see instruction # 8 on back of form) | D111500 |