

## **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. instructions are included on back of application.

## **FILED EFFECTIVE**

2015 HAY - 1 AH 9: 09

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the ubusiness is:     Adrenaline Adventures      The true name(s) and business address(e)	
business under the assumed business na  Name  Allen Danes	· · · · · · · · · · · · · · · · · · ·
3. The general type of business transacted Retail Trade Transportation Wholesale Trade Construction Services Agriculture	on and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business te Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  204 EIK CR. Rd  Idaho City ID 83631	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmecopy is (if other than # 4 above):	ent
7119	Secretary of State use only
rinted Name: Allen E. Danes Capacity/Title: Operator	IDANO SECRETARY OF STATE  05/01/2015 05:00  CK:2798968 CT:172099 BH:147350  10 25.00 = 25.00 ASSUM NAME #
Signature:	-