



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.

2013 MAR 29 AM 9:03
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

MID SOUTH INSTITUTE AT HAGERMAN WINGS FARM

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

MID-SOUTH INSTITUTE OF SELF-DEFENSE

5582 BLYTHE RD.,

SHOOTING, INC.

LAKE CORMORANT, MS 38641

(C197957)

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

JOHN HOUSTON SHAW

P.O. BOX 1823

HAILEY, ID 83333

5. Name and address for this acknowledgment copy is (if other than # 4 above):

JOHN HOUSTON SHAW

P.O. BOX 1823

HAILEY, ID 83333

Signature: _____

Printed Name: JOHN HOUSTON SHAW

Capacity/Title: PRESIDENT

Signature: *[Signature]*

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/29/2013 05:00
CK: 1170 CT: 281293 RH: 1367871
1 @ 25.00 = 25.00 ASSUM NAME # 3