227



## CERTIFICATE OF ASSUMED BUSINESS NAME

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

07 FEB 22 PM 3: 03

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

	Skydive Buhl		
. The true name(s) and business a business under the assumed bus		ntity or individual(s) doing	
Name		Complete Address	
Skydown Sport Skydiving, Inc.		16310 Lake Shore Dr., Caldwell, ID 83607	
C148482			
The second transfer of husiness transfer	ested under the e	soumed business name is:	
The general type of business tra	acted under the a	Southed Dusiness Hairle is.	
Retail Trade X Tra	portation and Pub	olic Utilities	
☐ Wholesale Trade ☐ Co	struction		
X Services ☐ Ag	culture	Submit Certificate of	
Manufacturing Mi	na .	Assumed Business	
Finance, Insurance, and R	•	Name and \$25.00 fee to:	
I. The name and address to which future		Secretary of State	
correspondence should be addre	sed:	700 West Jefferson Basement West	
Paul Janes		PO Box 83720	
16310 Lake Shore Drive		Boise ID 83720-0080	
	<del></del>	208 334-2301	
Caldwell, ID 83607	<del></del>		
5. Name and address for this ack	wledgment	Phone number (optional):	
COPY IS (if other than #4 above):	<u> </u>		
Kevin E. Dinius, Esq.			
5700 East Franklin Road, Suite 200		Secretary of State use only	
Nampa, ID 83687-7901			
	99diu		
nature:	g koorpidormatebn formstebn p66 Revised 04/2003		
(signature required)	Torrestation forms	TRAIN APPARTANT OF APAR	
ted Name: Paul Janes	- Island	IDAHO SECRETARY OF STAT 92/22/2007 05:	
pacity/Title: President	dig ex	CK: 45553 CT: 7289 BH: 16 1 8 25.80 = 25.80 ASSUM N	
(and the best of the best of form)		T E PASON - PASON NOGOS N	

D108547