

Capacity/Title: Oww

Printed Name: 🗘 איני איני

Capacity/Title: OwnEll

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2015 JAN 16 AM 11: 31

SECRETARY OF STATE STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business įs: GUNS 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 Logens 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining **Assumed Business** Finance, Insurance, and Real Estate 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 PO Box 83720 100 ER (Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Signature ___ IDAHO SECRETARY OF STATE Printed Name: DAU 15 01/16/2015 05:00 CK:CASH CT:270527 BH:1457473

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10 25.00 = 25.00 ASSUM NAME #2