

227



CERTIFICATE OF ASSUMED BUSINESS NAME

2011 JUN -3 PM 2: 55

Pursuant to Section 59-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

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 is:

FOUR SEASON POWER SPORTS

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

<u>Name</u>	<u>Complete Address</u>
<u>CGM ENTERPRISES, INC.</u>	<u>1005 TRIANGLE DR.</u>
<u>C19055</u>	<u>PONDERAY IDAHO</u>
	<u>83852</u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> 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:

1005 TRIANGLE DR.
PONDERAY ID
83852

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

same

Signature: [Handwritten Signature]

Printed Name: CARRIE MCGINN

Capacity/Title: SECRETARY TREASURER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/03/2011 05:00
CK: 696890 CT: 172099 RH: 1276771
1 @ 25.00 = 25.00 ASSUM NAME # 2

DK48056