

Capacity/Title: <u>&Une</u>

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 JUL 14 AM 9:51

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: tlemen+ 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 Michael Bullington Wildlife Tri 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 Idaho Secretary of State 450 N 4th Street correspondence should be addressed: PO Box 83720 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 Theorphormstabn formstabn.p65 Signature: IDAHO SECRETARY OF Printed Name: Mic 1 @ 25.00 =