

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.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersi business is: FISH TOOLS	gned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name WILLIAM S VALOFF	Complete Address 13070 STPAHOPN RD HAUREN I AKE, ID 83835
3. The general type of business transacted under t	he assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
COPY IS (if other than # 4 above):	208-772-9772
BANK OF AMBRICA ILOD W. HAMBEN AVE HAMBEN, ID 83635 Signature: 20ll J. Valoff Printed Name: Willam S. Valoff Capacity/Title: OWNER	Secretary of State use only
Signature: Velle S Valor	idaho secretary of state.
Printed Name: Willam S. VAloFF	01/13/2003 05 = 90 CK: 3748154831 CT: 158818 BH: 656445
Capacity/Title: OWNER	* 1 @ 20.00 = 20.00 ASSUM NAME # 2

(see instruction #8 on back of form)

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