



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 MAR -3 PM 3:07

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:

David Morgan Hotshot

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>David R. Morgan</u>	<u>1700 Valley Rd. Challis, ID. 83226</u>
_____	_____
_____	_____

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

- | | |
|--|---|
| <input type="checkbox"/> Retail Trade | <input checked="" 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 | |

4. The name and address to which future correspondence should be addressed:

David R. Morgan
~~Star~~ PO Box 739
Challis, ID. 83226

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

SAME

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

Secretary of State use only

DIK69374

IDAHO SECRETARY OF STATE
03/03/2014 05:00
CK: 1724337 CT: 172899 BH: 1413193
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: David R. Morgan
Printed Name: David R. Morgan
Capacity/Title: owner
Signature: _____
Printed Name: _____
Capacity/Title: _____