



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

12 MAR -2 PM 3:14

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:

Ghost Chasers USA

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>Phillip Rapacon</u>	<u>2720 Polaris St</u>
<u>James Rapacon</u>	<u>Caldwell ID 83605</u>
<u>Sean Sibert</u>	<u>" "</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 checked="" 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:

Phillip Rapacon
2720 Polaris St
Caldwell ID 83605

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

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

Signature: Phillip Rapacon

Printed Name: Phillip Rapacon

Capacity/Title: COO

Signature: James Rapacon

Printed Name: James Rapacon

Capacity/Title: VP

Secretary of State use only

IDAHO SECRETARY OF STATE
03/02/2012 05:00
CK: CASH CT: 267693 BH: 1313323
1 @ 25.00 = 25.00 ASSUM NAME # 2

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