

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.

FILED/EFFECTIVE

DI AUG 31 AM 8: 41

STATE OF IDAHO

The assumed business name which the unbusiness is: PRO SLOTS. ———————————————————————————————————	ndersigne	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(establishess under the assumed business name Name Patrick A Kinney	s) of the entity or individual(s) doing ne: <u>Complete Address</u> 510 BEST AVE #114 CDA ID, 83814	
3. The general type of business transacted under the second secon		
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	1	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: PRO SOLTS 510 Best Ave. #114		Secretary of State 700 West Jefferson Basement West PO Box 33720 Boise ID 83720-0080
Coeur d'Alene Id 83814		208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above);	ent	Phone number (optional): 208-664-5116 208-667-6225 FAx Secretary of State use only
Printed Name: Atrick A Kinney Capacity: Owner (see instruction # 8 on back of form)	g'comptoms abn forms abn. p65 Revised 01/2001	IDAHO SECRETARY OF STATE 28/31/2001 05:06 CK: 1267 CT: 150757 BH: 41673

