CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)		
(Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.		
1.	The assumed business name which the un business is: Double S Training	dersigned use(s) in the transaction of
2.	2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Shannon Sisson 2	Complete Address 30 Avenida Del Río Dr. Twun Falls, in 83301
3.	The general type of business transacted un (mark only those that apply)	ider the assumed business name is:
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
correspondence should be addressed: Sหมากตก ริเรรสา		hone number (optional):(208) 734-8135
	Two Falls, 10 83301	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above): D. L. Evans Attn: Patti	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	P.O. BOY 87	Secretary of State use only
Two Falls, 1D 83703 Signature: Sallhon Sann		IDAHO SECRETARY OF STATE 93/18/1998 99:00 CK: NO CK # CT: 95885 BH: 91968 -
Printed Name: Shannon Sisson		9 1 8 29.88 = 28.88 ASSUM NAME
Capacity: <u>Gole - propyletor</u> (see instruction # 8 on back of form)		1 29.88 = 28.88 ASSUM HAME 1 7 7 7 7