Signature:

Printed Name: Troy Skovgard

Capacity/Title: Owner

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. Instructions are included on back of application.

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CERTIFICATE O ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed Please type or print legibly. Instructions are included on back of ap	S NAME the undersigned Business Name.
The assumed business name which the use business is: Bald Guys Calls	ndersigned use(s) in the transaction of
The true name(s) and <u>business</u> address(extended business under the assumed business name <u>Name</u> Troy Skovgard Scott Skovgard	s) of the entity or individual(s) doing me: Complete Address 6620 E Amity Ave Nampa, ID 83687 9 S Sugar St Nampa, ID 83651
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Scott Skovgard 9 S Sugar St Nampa, ID 83651	3115 S Illinois Ave Caldwell, ID 83605 Inder the assumed business name is: In and Public Utilities 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
5. Name and address for this acknowledgment copy is (if other than # 4 above): Signature: Scott Skovgard Capacity/Title: Owner	

IDAHO SECRETARY OF STATE

95/20/2013 95:00

CK: 4885 CT: 283301 BH: 1374445

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