



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

10 APR 29 AM 9:41

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

- The assumed business name which the undersigned use(s) in the transaction of business is:

CYCLONE SOFTBALL

- The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>TRAVIS HENDERSON</u>	<u>408 So. 900w Blackfoot ID 83221</u>
<u>LOLL MACFEE</u>	<u>5 W Hwy 26 Blackfoot ID 83221</u>
<u>LOLL PAST</u>	<u>407 W 280 N Blackfoot ID 83221</u>

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

- |  |  |
|--|--|
| <input 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 |  |

\*SOFTBALL TEAM

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

TRAVIS HENDERSON  
408 So 900 W  
BLACKFOOT ID 83221

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

Phone number (optional):

Signature: [Signature]  
(signature required)

Printed Name: TRAVIS HENDERSON

Capacity/Title: PRESIDENT / COACH

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\pau\makeln\form\makeln.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
04/29/2010 05:00  
CX: 5194 CT: 247501 BH: 1220011  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 138858