## CERTIFICATE OF ASSUMED BUSINESS NAME (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 SEP 29 AM & gives notice of adoption of an Assumed Business Name 1. The assumed business name which the undersigned use(s) in the transaction business is: WARRIOR'S EDGE 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name 2678 NW 41 Are Fruitland ID 83619 Charles Baines 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing X Retail Trade Finance, Insurance, and Real Estate Agriculture Wholesale Trade Construction Mining Services Phone number (optional): (208).452-3845 4. The name and address to which future correspondence should be addressed: Charles Baines Submit Certificate of Assumed Business 2678 NW 4th Are Name and \$20.00 fee to: Fruitland IO 83619 Secretary of State 700 West Jefferson **Basement West** Name and address for this acknowledgment PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 09/29/1998 09:00 CX: 3768 CT: 184633 BH: 149193 0 = 28.00 Assum Mame # 2 | Signature:\_ \$D 18639 Printed Name: Capacity: owner/ President (see instruction # 8 on back of form)