



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 OCT -2 PM 1:27

SECRETARY OF STATE
STATE OF IDAHO

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

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

Mutineers Rugby Football Club

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

| <u>Name</u> | <u>Complete Address</u> |
|--------------------|---|
| <u>Bert Møller</u> | <u>422 Dearborn Dearborn SS, Caldwell</u> |
| _____ | <u>83605</u> |
| _____ | _____ |

3. 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 | |

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

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

same

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

same

Secretary of State use only

Signature: Bert Møller

Printed Name: Bert Møller

Capacity/Title: owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
10/02/2013 05:00
 CK: 1568671 CT: 172099 BH: 1392500
 I @ 25.00 = 25.00 ASSUM NAME # 2

D Møller 11/68