



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Instructions are included on back of application.

FILED EFFECTIVE

10 AUG 18 PM 1:33

SECRETARY OF STATE
STATE OF IDAHO

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

SRM ARMS

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

Name

Complete Address

SRM ARMS, INC
(C168370)

4375-A WEST MCMILLAN
MERIDIAN, ID 83646-5153

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 type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" 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:

JEFF HAJAR
4375-A WEST MCMILLAN
MERIDIAN, ID 83646-5153

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

DAVID V. NIELSEN
P.O. BOX 1192
BOISE, ID 83701

Signature: David V. Nielsen

Printed Name: DAVID V. NIELSEN

Capacity/Title: SEC / TREAS

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/18/2010 05:00
CK: 7374 CT: 111805 BH: 1235325
1 @ 25.00 = 25.00 ASSUM NAME # 2

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