

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

F SECRETAL DESIGNATION OF STATE OF STAT

1987 HAY 16 21 8: 21

- Washington	Branded T's
The true name(s) and business additional business under the assumed business.	ress(es) of the entity or individual(s) doing
Name	Complete Address
Kevin Bowie	490 Pioneer Rd. #9107
	Rexburg, ID 83440
Retail Trade Trans	cted under the assumed business name is: ortation and Public Utilities
Wholesale Trade Cons Services Agric Manufacturing Minin Finance, Insurance, and Rea	Submit Certificate of Assumed Business
 The name and address to which fur correspondence should be address 490 Pioneer Rd. #9107 	1
Rexburg, ID 83440	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknow	ledgment Phone number (optional):
COPy is (if other than # 4 above);	717-887-2955
	Secretary of State use only
22 R	IDAHO SECRETARY OF STATE ### STATE ### CK: 1019 CT: 158010 BH: 1054 1 @ 25.00 = 25.00 ASSUM NAM
gnature: Keun Signature required)	
inted Name: Kevin Bowie	
apacity/Title:Owner	은 CK: 1019 CT: 158010 BH: 1054