



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

10/21/2012 9:25

SECRETARY OF STATE
BOISE, 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:

The Art of Red Hubbard

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

Clinton D. Hubbard, Sr.

37 Morris Rd., Naples, ID 83847

(Nickname is Red)

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/Artist | <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:

The Art of Red Hubbard

C/O Clinton D. Hubbard, Sr.

37 Morris Rd., Naples, ID 83847

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

None.

Signature: Clinton D. Hubbard, Sr.

Printed Name: Clinton D. Hubbard, Sr.

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/21/2012 05:00
CK: 2044 CT: 150010 BH: 1311475
1 @ 25.00 = 25.00 ASSUM NAME # 2

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