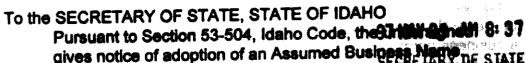
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





The assumed business name which the business is: BLOCK & HEAD SHOP	ed Business Name of STATE STATE undersigned Alders MANS transaction of
The true name(s) and business address(business under the assumed business name Name CRAIG L. BROWN	es) of the entity or individual(s) doing ame is/are: Complete Address 2718 FLDORADO ST BOISE ID. 83704
The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade Manufacture Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Est
The name and address to which future correspondence should be addressed:	Phone number (optional):
6200 Fairview Ave. Boise, Id. 83704	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Name and address for this acknowledge copy is (if other than # 4 above): Idaho Banking Company	Secretary of State 700 West Jefferson Besement West PO Box 83720 Boise ID 83720-0080 208 334-2301
PO Box 44629	Secretary of State use only
Boise Id 83711-0629	IDANO SECRETARY OF DATE 05/29/19

CX 8: 233 10 20.00- 20.00

Signature: ________Craig Brown

owner Capacity:

(see instruction # 8 on back of form)