

Signature: _

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00

2015 DEC 29 AM 8: 48

	Timing fee. \$25.	JU.						
1.	SECRETARY OF STATE The assumed business name which the undersigned use(s) in the transaction of business is:							
٠.	,							
	National Family Preparedness Association							
2.	The individual and/or entity names and business address(es) of those doing business under							
	the assumed business name (do <u>not</u> include the name you listed in #1):							
	Survival Alpha, LLC.	urvival Alpha, LLC. 664 Meadow Creek Rd, Bonn				ers Ferry, ID 83805		
	(Name)	(Address)						
	W 158860							
	(Name)	(Address)						
	(Name)	(Address)						
	(Name)	(Address)						
3.	The general type of busine Retail Trade Wholesale Trade Services	ess transacted unde Construction Agriculture Manufactu	on e	☐ Transporta	name is: ation and Public Un nsurance, and Re			
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4):							
	Survival Alpha, LLC.		77	Vame)				
	664 Meadow Creek Rd		(ı	vanie)				
	(Address)		Ū	Address)				
	Bonners Ferry	ID 83805						
	(City)	(State) (Zipcode)	7	City)	(State)	(Zipcode)		
Printed Name: Christian Fioravanti				Secretary of State use only				
Signature: Christian Zioraranti				1DAMO SECRETARY OF STATE 12/29/2015 05:00				
Printed Name: Janda Fior AV ANTI				CK:1109 CT:317265 BH:1506091 16 25.00 = 25.00 ASSUM NAME #2				
Si	gnature: Jyyda J	wavanti		←				
Pri	inted Name:			1)	3406			

Rev. 08/2015