



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

12 JAN 19 AM 9:15

SECRETARY OF STATE
STATE OF 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:

GOOSEMAN TACKLE

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

<u>John J RAGAN</u>	<u>11948 HWY 5, ST. MARIES, ID 83861</u>
<u>JANIE D RAGAN</u>	<u>11948 HWY 5, ST. MARIES, ID 83861</u>

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 checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

John J. RAGAN
11948 HWY 5
ST. MARIES, ID 83861

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

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

Signature: _____

Printed Name: John J. RAGAN

Capacity/Title: owner/President

Signature: JANIE D. RAGAN

Printed Name: JANIE D. RAGAN

Capacity/Title: owner/Secretary

Secretary of State use only

IDAHO SECRETARY OF STATE
01/19/2012 05:00
CK: 2017 CT: 150010 BH: 1306696
1 @ 25.00 = 25.00 ASSUM NAME # 2

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