

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

## Please type or print legibly. Instructions are included on back of application.

## FILED EFFECTIVE

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Preying Wolves Grappling	
The true name(s) and <u>business</u> address business under the assumed business r	
3. The general type of business transacted  Retail Trade  Transporta  Wholesale Trade  Construction	tion and Public Utilities
Services	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:     P.O Box 191095 Boise, Idaho 83719	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgr copy is (if other than # 4 above):	ment
Simple P	Secretary of State use only
Printed Name: Jonathan Coy	-
Capacity/Title: Owner	_
Signature: James Coz	IDAHO_SECRETARY OF STATE
Printed Name: Carmen Coy	11/05/2013 05:00 CX: 542 CT: 289361 BH: 13%781
Capacity/Title: Owner	1 # 25.00 = 25.00 ASSUM MANE # 2

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