

Capacity/Title: Owners

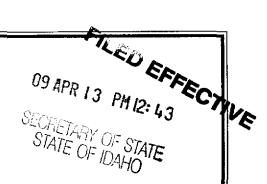
(see instruction # 8 on back of form)

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.

NOTE: See instructions on reverse before filing.



The assumed business name which the undersigned use(s) in the transaction of business is: Black Wawk	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Kevin Groves Lena Groves 3402	Complete Address
3. The general type of business transacted under the Retail Trade	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Keuin Groves Leva Groves	Secretary of State use only

DANO SECRETARY OF STATE

04/13/2009 05:00

CK: 1924 CT: 158810 BH: 1165648
18 25.00 = 25.08 ASSUM NAME #

D129852