

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

2014 HAY -5 PH 12: 21

SECRETARY OF STATE STATE OF IDAHO

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

_	The Outdoor	Touch		
	e true name(s) and <u>busin</u> siness under the assume	_ · · ·	the entity or individual(s) doing	
	Name		Complete Address	
	Shawn Ryan	10	466 W. Merab Ct. Star, 15	<u> 83669</u>
3. The	e general type of busines	s transacted under	the assumed business name is:	
_	Retail Trade Transportation		d Public Utilities	
	Wholesale Trade	Construction		
×	Services	Agriculture		
	Manufacturing	Mining	Submit Certificate of Assumed Business	
	Finance, Insurance, and Real Esta		Name and \$25.00 fee to:	
4. The	The name and address to which future		Socratory of State	
	correspondence should be addressed:		Secretary of State 450 North 4th Street	:
S'	hawn Ryan		PO Box 83720	
	0466 W. Merab Ct.		Boise ID 83720-0080 208 334-2301	
	tar 10 83669		208 334-2301	
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			Secretary of State use only	
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inted N	ame: Shawn Ryan		1DAHO SECRETARY OF 05/05/2014 0:	
	— ^ /- ³ 		CK:3326 CT:296464 B	
apacity/	Title: Owner / Operator	<u>し</u>	1@ 25.00 = 25.00 ASS	

abn.pmd Rev. 07/2010

9/21/2012

Capacity/Title:_

1)170933