Capacity/Title: Member

CERTIFICATE OF

FILED EFFECTIVE

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

STATE OF IDAHO

STATE OF IDAHO

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

	Blue Chip Bas	sketaball Combine
2.	The true name(s) and <u>business</u> address(e business under the assumed business name Name Idaho Select Basketball, LLC W 2/653	s) of the entity or individual(s) doing me: <u>Complete Address</u> 1404 W. Idaho St. Suite 104, Boise, ID 83702
3.	The general type of business transacted u Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Public Utilities Submit Certificate of Assumed Business
4.	The name and address to which future correspondence should be addressed: Blue Chip Basketball Combine 1404 W. Idaho Street, Suite 104 Boise, ID 83702	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt
-	ture:d Name: Vince Hordemann	Secretary of State use only
	city/Title: Member	
-	ture: let Hund	
rinta	d Name: Clint Hordemann	

abn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE

01/11/2012 05:00

CX: 2559 CT: 169905 BH: 1305665
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