

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

(see instruction # 8 on back of form)

1. The assumed business name which the business is:	e undersigned use(s) in the transaction of y Wemen's Lacrosse League
The true name(s) and business address business under the assumed business in Name	s(es) of the entity or individual(s) doing
3. The general type of business transacted Retail Trade Transporta	d under the assumed business name is:
Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
P.O. Box 101 Fugle TD 83616	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above);	gment Phone number (optional):
	Secretary of State use only
nature: Tracey A-Garrett pacity/Title: President	TOAHO SECRETARY OF STATE O3/02/2004 05: CK: COSH CT: 150016 RH-7

1 8 25.00 = 25.00 ASSUM NAME # 2