



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

11 JUN 23 AM 9:44

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

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

BOB MICHAEL FOOTBALL SCHOLARSHIP FUND

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

ROBERT M. MICHAEL

917 GROUSE HILL RD BONNERS FERRY, ID

(P.O. BOX 1875 BONNERS FERRY, ID 83805)

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Robert M. Michael

P.O. Box 1875

Bonnors Ferry, ID 83805

5. Name and address for this acknowledgment copy is (if other than # 4 above):

#4 Above

Signature: Robert M. Michael

Printed Name: Robert M. Michael

Capacity/Title: Owner

Signature: _____

Printed Name: xxxxxxx

Capacity/Title: xxxxxxx

Secretary of State use only

IDAHO SECRETARY OF STATE
06/23/2011 05:00
CK: 6599 CT: 158010 BH: 1279645
1 @ 25.00 = 25.00 ASSUM NAME # 2

D148521