CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHON 15 AH 11: 02 Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of ar	1 Assumed Business Name (1)
1. The assumed business name which the	undersigned use(s) in the transaction of
business is:	
A Sporting Chance	e
· · · · · · · · · · · · · · · · · · ·	
2. The true name(s) and business address	s(es) of the entity or individual(s) doing
business under the assumed business r	name is/are:
<u>Name</u>	Complete Address
Shirlene F Foster	2694 Waterwheel Rd Emmett ID 83617
3. The general type of business transacted	d under the assumed business name is
(mark only those that apply)	tander the assumed business marile is.
_	
🗵 Retail Trade 🔲 Manufactu	uring Transportation and Public Utilities
	e 🔲 Finance, Insurance, and Real Estate
Services Constructi	ion Mining
4. The near and oldered to 100.61	200 200 1/27
4. The name and address to which future correspondence should be addressed:	Phone number (optional): <u>308-398-7632</u>
•	
Shirlene Foster	- Submit Certificate of
3694 Waterwheel Rd	Assumed Business
THE PROOF WALL IN	- Name and \$20.00 fee to:
Emmett Idaho 83617	- Secretary of State
	700 West Jefferson
5. Name and address for this acknowledgr	
COPy is (if other than # 4 above).	PO Box 83720
	Boise ID 83720-0080 208 334-2301
	200 334-2301
	INDIO SELETARI II STATE
	- 66/15/1998 89:88 CX: 9886 CT: 198194 3H: 119765
gnature: Market & Fister	1 9 20.06 = 20.08 ASSUM NAME
inted Name: Shirlene F Foster	* 0 1 = 0 0 a
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apacity: <u>@wner</u>	· lorman
(see instruction # 8 on back of form)	Ę.