Capacity/Title: Co-Owner



## **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 2016 JUL 28 AM 11: 30

SECRETARY OF STATE STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is:  Deuces Wild Jackpot Car Show	
2. The true name(s) and <u>business</u> address(es business under the assumed business name  Name  Tim Brubaker  Vickie Sink	·
3. The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Tim Brubaker  Lest Monte Vista Dr.  Emmett To Sali Dr.  Emmett To	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
Signature: J. Brubaker  Printed Name: Tim Brubaker  Capacity/Title:  Signature: Jukie Sink  Printed Name: Vickie Sink	Secretary of State use only  IDAHO SECRETARY OF STATE  07/28/2016 05:00  CK:4072942 CT:172099 BH:153957  16 25.00 = 25.00 ASSUM NAME #2