



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.

Instructions are included on back of application.

FILED EFFECTIVE

2012 JUL -2 AM 9:46
SECRETARY OF STATE
STATE OF IDAHO

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

Hardpoint Tactical

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

Personal Protective Systems Inc.

3786 N Huetter Road

C178564

Unit # B-2

Coeur d'Alene ID, 83815

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 | |

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

Personal Protective Systems Inc.

3786 N Huetter Rd Unit # B-2

Coeur d'Alene ID, 83815

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

William T. Craffey

1521 N Argonne Rd Suite C # 206

Spokane Valley, WA 99212

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: William T. Craffey Jr.

Printed Name: William T. Craffey Jr.

Capacity/Title: President / Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/02/2012 05:00
CK: 1010 CT: 272042 DH: 1330622
1 @ 25.00 = 25.00 ASSUM NAME # 4

C156596