

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

11 OCT 28 AM 8:50

SECRETARY OF STATE STATE OF IDAHO

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

	Catcher's Only Camp	<del></del>
The true name(s) and <u>business</u> business under the assumed bu <u>Name</u> Joshua D Hegstad	Idress(es) of the entity or individual( ness name: <u>Complete Addre</u> 5006 Northrup Way Caldwell, I	<u>ess</u>
Retail Trade Tra	sacted under the assumed business sportation and Public Utilities struction culture	s name is:
☐ Manufacturing ☐ Mi☐ Finance, Insurance, and F	ng Submit Certific Assumed Busin	ness
. The name and address to which correspondence should be addr Joshua D Hegstad	sed: 450 North 4th 8	Street
5006 Northrup Way Caldwell, ID 83607	Boise ID 83720 208 334-2301	)-0080
. Name and address for this ackn copy is (if other than # 4 above):	vledgment	
	Secretary o	f State use only
ature:ted Name:_Joshua D Hegstad		
acity/Title: Owner ature: 1044 HE65TAL	10/26	SECRETARY OF STATE 3/2011 05:00 CT: 158010 BH: 1295

abn.pmd Rev. 07/2010

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