

## 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

SECRETARITUR STATE STATE OF DAHO

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

ACTION PRO SPORTS	
2. The true name(s) and <u>business</u> adbusiness under the assumed business under the assumed business under the assumed business under the assumed business additional true to the substitution of the substitut	dress(es) of the entity or individual(s) doing ness name:  Complete Address  110 LINDSAY CIR. 2V, KETCHUM, ID 83340  MAIL: PO BOX 1913, SUN VALLEY, ID 83353
Retail Trade Trans Wholesale Trade Cons	sacted under the assumed business name is: sportation and Public Utilities struction
Services Agric  Manufacturing Minin  Finance, Insurance, and Rea	Assumed Business
4. The name and address to which fu correspondence should be address SOLARTRIDENT ENTERPRISES LLC	Occidally of State
ATTN: DAVID R TIMMONS PO BOX 1913 SUN VALLEY, ID 83353	208 334-2301
5. Name and address for this acknown copy is (if other than # 4 above).	vledgment
ignature: Deflu Tri	Secretary of State use only
Printed Name: DAVID R TIMMONS	
apacity/Title: REGISTERED AGENT	
ignature:	IDAHO SECRETARY OF STATE
Printed Name:	12/19/2013 05:00 CK: 107 CT: 298257 BH: 14824 1 P 25:00 = 25:08 ASSUM MAME
Capacity/Title:	1 6 53.88 - 53.88 H330U WANTE

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