



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.

NOTE: See instructions on reverse before filing.

2007 JUL 16 AM 8:35

SECRETARY OF STATE
STATE OF IDAHO

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

THE ARROW E

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
<u>Sander Elquist</u>	<u>3477 North 2900 East, Twin Falls I.D. 83301</u>
<u>Sandra Elquist</u>	<u>3477 North 2900 East Twin Falls I.D. 83301</u>

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 checked="" type="checkbox"/> ^{SE} Construction |
| <input type="checkbox"/> Services | <input checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

The arrow E
3477 North 2900 East
Twin Falls IDAHO 83301

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

Phone number (optional):

(208) 431-3851
(208) 733-

Secretary of State use only

Signature: _____

(signature required)

Printed Name: Sander Elquist

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
06/14/2007 05:00
CK: 1809 CT: 158810 BH: 1059950
1 @ 25.00 = 25.00 ASSUM NAME # 2

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