

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

7	FILE
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Business Please type or print legibly. NOTE: See instructions on reverse before	undersigned iness Name.
1. The assumed business name which the under business is: The Blackbelt Academ	1
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name: Name Zach Mason	of the entity or individual(s) doing Complete Address /// Locust Ave Coeur L'Alene, ID 83814
3. The general type of business transacted unde Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: nd Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Zach Mason 8203 N Ridgrass Dr. #4 Hayden, ID 83835	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional):
Signature: (signature required) Printed Name: Zach Mason	Secretary of State use only IDAHO SECRETARY OF STATE 99/25/2003 05:00 CK: 1882 CT: 158819 BH: 783421 1 25.66 = 25.69 ASSUM NAME # 2
Capacity/Title: Owner	8

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