

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 JUN 25 AM 8: 39 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

EVERYTHING OUTDOORS	
The true name(s) and business address(es) of the business under the assumed business name:     Name     JOESPH B.QUINN	ne entity or individual(s) doing  Complete Address  P.O. BOX 1966  PRIEST RIVER, ID 83856
3. The general type of business transacted under the Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  JOESPH B. QUINN  P.O. BOX 1966  PRIEST RIVER, ID 83856	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
ature: Joseph B. Quinn  ed Name: JOESPH B. QUINN  acity/Title: OWNER  (see instruction # 8 on back of 6	

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