

Capacity/Title: 0 WW ER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

SLA GOLDANO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 The assumed business name which the und business is: 	dersigned use(s) in the transaction of
DESERT EAGLE, EX	ITERPRISES
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name MICHAEL ARMOLIS	
	- 83714-
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction	der the assumed business name is:
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 4574 ADAMS 57. GAMEN CITY, JO. - \$37(4-	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). 	nt Phone number (optional): (208)353-7998
	Secretary of State use only
Signature: (signature required) Printed Name: MICHAEL ARNOU)	IDAHO SECRETARY OF STATE SECRETARY OF STATE

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