

Signature:

Printed Name: Alax

Capacity/Title: Manag

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 AUG 31 AM 8:45

SECRE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Idaho Hooligans Hockey Organization 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 3554 S. Centennial Was Boise, ID 83706 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 700 West Jefferson correspondence should be addressed: Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only

IDAHO SECRETARY OF STATE

28/31/2011 25:00

CK: 2125 CT: 158010 BH: 1288696
1 0 25.00 = 25.00 ASSUM NAME #

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