



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.
Instructions are included on back of application.

FILED EFFECTIVE

2013 MAY 14 AM 8:36

SECRETARY OF STATE
STATE OF IDAHO

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

WILD STICKS

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>JAN M. SOLECKI</u>	<u>21 SHADOW RIDGE DR.</u>
<u>BILLIE DAVOLT</u>	<u>GARDEN VALLEY, ID.</u>
	<u>83622</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input 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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

21 SHADOW RIDGE DR.
GARDEN VALLEY, IDAHO
83622

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

Signature: _____

Printed Name: JAN M. SOLECKI

Capacity/Title: OWNER / PARTNER

Signature: _____

Printed Name: BILLIE DAVOLT

Capacity/Title: OWNER / PARTNER

Secretary of State use only

IDAHO SECRETARY OF STATE
05/14/2013 05:00
CK: 8630 CT: 150010 BH: 1373757
1 @ 25.00 = 25.00 ASSUM NAME # 2

D163213