



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.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

07 AUG 13 AM 9:23

**SECRETARY OF STATE
STATE OF IDAHO**

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

gr8knives.com

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

Travis M. Wray

2302 Settlers Lane, Twin Falls, ID 83301

Kimberli J. Wray

2302 Settlers Lane, Twin Falls, ID 83301

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 | |

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

Travis M. Wray

2302 Settlers Lane

Twin Falls, ID 83301

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Gary D. Slette, AAL

P.O. Box 1906

Twin Falls, ID 83303-1906

Signature: _____

(signature required)

Printed Name: _____

Travis M. Wray

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

**IDAHO SECRETARY OF STATE
08/13/2007 05:00
CK: 1448 CT: 216488 BH: 1878362
1 @ 25.00 = 25.00 ASSUM NAME # 2**

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