

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 JUL 24 AM 8:45

SECRETARY OF STATE
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:

Youren Outfitters

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

Kidd C. Youren

1885 W. South Slope Rd., Emmett Id. 83617

Harry K. Youren

1885 W. South Slope Rd., Emmett Id. 83617

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

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" 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:

Kidd Youren

1885 W. South Slope Rd.

Emmett, Id 83617

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Secretary of State use only

Signature: _____

Kidd Youren
(signature required)

Printed Name: _____

Kidd Youren

Capacity/Title: _____

Manager

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

07/24/2008 05:00

CK: 108 CT: 228153 BH: 1128461

1 @ 25.00 = 25.00 ASSUM NAME # 2

DI 23553