(Please type or print legibly. See ins	BUSINESS NAME
To the SECRETARY OF STATE, STATE (Pursuant to Section 53-504, Idaho (gives notice of adoption of an Assur	Code, the undersigned 9. 2.
 The assumed business name which the business is: 	e undersigned use(s) in the transaction of
GOLF USA OF TWIN FALLS	
The true name(s) and business address business under the assumed business.	s(es) of the entity or individual(s) doing name is/are:
<u>Name</u>	Complete Address
STRAIGHT SHOTS, INC.	2154 CRESTWOOD DR., TWIN FALLS, ID 83301
3. The general type of business transacted (mark only those that apply) XX Retail Trade	
☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction 4. The name and address to which future	e Finance, Insurance, and Real Estate
Straight Shots. Inc.	- Submit Certificate of
2154 Crestwood Dr.	Assumed Business Name and \$20.00 fee to:
Twin Falls, ID 83301	- Secretary of State
 Name and address for this acknowledged copy is (if other than # 4 above). 	700 West Jefferson ment Basement West PO Box 83720
U.S. Bank	Boise ID 83720-0080 208 334-2301
P.O. Box 509	Secretary of State use only
Twin Falls, ID 83303	THOUGH CEPOETABLY OF CTATE
Signature: Mash Hu	11/25/1997 09:00 CK: 1736 CT: 1258 3H: 58367
Printed Name: Max J. L.	1 0 20.80 = 29.80 ASSUM NAME
Capacity: President	D10037
(see instruction # 8 on back of form)	og de la companya de