

CERTIFICATE OF ASSUMED BUSINESS NAME

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

| The assumed business name which the un business is: | dersigned | use(s) in the transaction of |
|--|--|---|
| Gunny's R.V | | |
| 2. The true name(s) and <u>business</u> address(establishess under the assumed business name) Name Larry L. Larson | ne: | Complete Address (Comb drive, Boise ID 83116 |
| 3. The general type of business transacted un | nder the a | ssumed business name is: |
| Retail Trade | e 716 | 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 Phone number (optional): 208 392 4919 |
| | | Secretary of State use only |
| 2) Alux | g toorptomstabn formstabn.p65 Revised 04/2003 | D72044 |
| Signature: (signature required) | on form: | IDAHO_SECRETARY OF STATE |
| Printed Name: Larry L. Larson | forms\abn form | 01/13/2004 05:00 CK: 1856 CT: 158010 BH: 721367 |
| Capacity/Title: <u>() WHE</u> | ndoon it | 1 @ 25.00 = 25.00 ASSUM NAME # 2 |