

CERTIFICATE OF ASSUMED BUSINESS NAME

09 JUN -4 AM 8: 34

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. | THE OF IDAGO |
|---|--|
| The assumed business name which the undersigned business is: | d use(s) in the transaction of |
| Flying Fish Co. | |
| 2 The true name(s) and business address(es) of the e | entity or individual(s) doing |
| business under the assumed business name: Name | Complete Address |
| Craig Gildersleeve 1111 | Spoint, 18 33864 |
| Sen | apol 114, 10 0300-1 |
| 3. The general type of business transacted under the a | assumed business name is: |
| Retail Trade Transportation and Pul | |
| Wholesale Trade Construction | |
| Services Agriculture | Submit Certificate of Assumed Business |
| ☐ Manufacturing | Name and \$25.00 fee to: |
| 4. The name and address to which future | Secretary of State 700 West Jefferson |
| correspondence should be addressed: | Basement West |
| Craig Gilders leeve | PO Box 83720 Boise ID 83720-0080 |
| Sandpoint, 11 83864 | 208 334-2301 |
| 5. Name and address for this acknowledgment | Phone number (optional): |
| COPY IS (if other than # 4 above): | (208)290-6633 |
| | Secretary of State use only |
| | |
| Signature (signature required) | |
| Signature. Signature required Printed Name: Craig Gildus Level Capacity/Title: Owner | IDANO SECRETARY OF STATE |
| | CK: 545975 CT: 23083 Nr: 1173195 |
| (see instruction # 8 on back of form) | 25.00 RESUM NAME # |
| | D131254 |