

Capacity/Title:__

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 SEP-6 AM 9: 43

SECAL BY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

	Gem State Armory
business under the assumed busine <u>Name</u>	Complete Address
Thomas J. Halverson	630 Matchpoint Dr.
	Ammon, Idaho 83406
Retail Trade Transp	acted under the assumed business name is: cortation and Public Utilities
Services Agricu Manufacturing Mining Finance, Insurance, and Real	Submit Certificate of Assumed Business
4. The name and address to which fut correspondence should be addressed 630 Matchpoint Dr Idaho Falls ID 83406	Secretary or State
5. Name and address for this acknowle copy is (if other than # 4 above):	edgment
gnature Stioners & All	Secretary of State use only
nted Name: Thomas J. Halvenson	<u>u</u>
pacity/Title: OWNER	·
nature:	IDAHO SECRETARY OF STATE
nted Name:	CK: 776683 CT: 172099 BH: 128926
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prnd Rev. 07/2010

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