

Capacity/Title:

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

08 SEP 11 AM 8: 42

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(exbusiness under the assumed business name Name Ammo D- Cordova Larissa Cordova	
3. The general type of business transacted upon the services and the services and Real Estate. 4. The name and address to which future correspondence should be addressed: CW Distributing 3765 Maxfil Land Post Falls 13 83854 5. Name and address for this acknowledgme copy is (if other than #4 above):	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
	Secretary of State use only

09/11 1/2008 OF STATE CK: 1871 CT: 229689 BH: 1135358 1 8 25.88 25.88 ASSUM NAME # 2

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