

Capacity/Title:_

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME AND Section 53-504, Idaho Code, the undersigned of Assumed Business Name.

FILED EFFEC

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

NOTE: See instructions on reverse before filing.

 The assumed business name which the undersignation business is: 	aned uso(o) in the co
	gried dse(s) in the transaction of
Medicine Lodge	Sporting Rinds
, i	specing Diras
The true name(s) and business address(es) of the business under the assumed business agency.	ne entity or individual(s) doing
business under the assumed business name: Name	
Bret + Velvet Killian	Complete Address
or crover millian 1	970 N 3000 E
	C 61 Box 1327
	Pubois ID 83423
3. The general type of business transacted under th	9 accumed have
Retail Trade Transportation and F	Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West
	PO Box 83720 Boise ID 83720-0080
	208 334-2301
5 Name and address for "	
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
py 10 (ii dittel # 4 above).	2 <u>08-374-5782</u>
	Secretary of State use only
S2	•
nature: Bulkelle (signature required)	
nted Name: (signature required)	
TEO INAME:	

IDAHO SECRETARY OF STATE 26/28/2005 25:00 CK: 1671 CT: 158010 BH: 814840 25.00 = 25.00 ASSUM NAME # 2