FILED EFFECTIVE

2012 APR 16 AM 3: 13

## SECRETARY OF STATE STATE OF TOARD

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See Instructions on reverse before filing.

The assumed business name which the unbusiness is:     GLADIATOR WARFARE	dersigned use(s) in the transaction of
The true name(s) and business address(es business under the assumed business name Name     Shane Bohn	s) of the entity or individual(s) doing ne: Complete Address 1204 15th Ave., Lewiston, ID 83501
	n and Public Utilities
<ul> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business
<ol> <li>The name and address to which future correspondence should be addressed:</li> <li>Shane Bohn</li> </ol>	Secretary of State 700 West Jefferson Basement West PO Box 83720
1204 15th Ave.	Boise ID 83720-0080 208 334-2301
Lewiston, ID 83501  5. Name and address for this acknowledgme CODY is (if other than # 4 above).  Legalzoom.com, Inc. c/o Karla Figueroa	ent Phone number (optional): 2087906660
101 N. Brand Blvd., 10th Floor	Secretary of State use only
Glendale, CA 91203	\$
Signature: Signature required	Revention formation to the page of the pag
Printed Name: Shane Bohn	Patrine.
Capacity/Title: Owner	Loo, S
(see instruction # 8 on back of form)	IBAND CECOCTADY OF CTATE

IDAHO SECRETARY OF STATE

94/16/2012 05:00

CK: 964956 CT: 172099 BH: 1320014
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