



# 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.

FILED EFFECTIVE

2007 MAR 29 AM 8:29  
**CONTROLLED**  
Document Invalid if Stamp Is Black  
SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

LOST RIVER DIVISION - HOOKER TACTICAL

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>HOOKER TACTICAL SAFETY &amp; DEFENSE EQUIPMENT, INC.</u>	<u>3702 EAST 3600 NORTH, PO BOX 1116</u>
<u>EDEN, UT 84310</u>	

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input checked="" type="checkbox"/> Manufacturing            | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

LOST RIVER DIVISION - HOOKER TACTICAL  
P.O. Box 621  
ARCO, ID 83213

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-527-8611

Secretary of State use only

Signature:

Susan Hooker Gilmore  
(signature required)

Printed Name:

SUSAN HOOKER GILMORE

Capacity/Title:

CDO

(see instruction # 8 on back of form)

e:\completement\form\idaho.pdf  
Revised 04/2003

IDAHO SECRETARY OF STATE  
03/30/2007 05:00  
CK: 6815 CT: 211583 BH: 1043888  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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