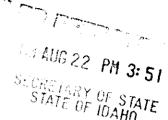


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



4 Th. 11 1		
 The assumed business name which the un business is: 	dersigne	d use(s) in the transaction of
BOB Firm an Invitational	D	
BOB FIRM OR DOUBLE CONNE	<u> </u>	
2. The true name(s) and <u>business</u> address(es		entity or individual(s) doing
business under the assumed business nam	ıe:	Ones I to A L I
<u>Name</u>		Complete Address
Tim Severa Dave Mills	3/9 M	COUFFIN LN BOIST, Id 83/12
Dawy MITTS	723 E	BANNOCK BOSE, Id 837/2
	 	
The general type of business transacted un	ider the a	ssumed business name is:
Retail Trade Transportation	and Puk	olic I Itilities
☐ Wholesale Trade ☐ Construction	rana ra	
☐ 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
BOBFIRMAN XC WINTATIONAL	ļ	Basement West PO Box 83720
319 Mc Buffin LN		Boise ID 83720-0080
Busp Idaho 83712		208 334-2301
Name and address for this acknowledgme	nt	Phone number (optional):
COPy is (if other than # 4 above).		336-5952
		Secretary of State use only
	8	
Signature: Im Swee	ns kabn.	
(signature required)	forms labor form Revised 04/2003	IDAHO SECRETARY OF STATE
Printed Name: Tim Severa	oorp Vorms labn, p65 Rewsed 04/2003	CK: 3489 CT: 158810 BH: 697974 1 @ 25.80 = 25.88 ASSUM MANE # 2
Capacity/Title: Assistant Meet Director	8	י א באורה על היים אים אים אים אים אים אים אים אים אים

(see instruction # 8 on back of form)

1 9 25.00 = 25.00 ASSUM MAME N 2