

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE 2017 SEP 28 AM 9: 16

SECRETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction of business is: Survive A Disaster		
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):		
	Gary Martin	402 Cedar, Sandpoint, ID 83864	
	(Name)	(Address)	
3.	The general type of business transacted under the assumed business name is:		
	⋉ Retail Trade☐ Wholesale Trade☐ Services	ConstructionAgricultureManufacturing	Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate
4.	Mailing address for future	correspondence:	 Name and address for this acknowledgment copy is (if other than # 4):
	Gary Martin		Alexan
	(Name) 550 Larkspur St. H-128		(Name)
	(Address) Ponderay	ID 83852	(Address)
	(City)	(State) (Zipcode)	(City) (State) (Zipcode)
Printed Name: Gary L. Martin			Secretary of State use only
Signature:			IDAHO SECRETARY OF STATE
Printed Name:			09/28/2017 05:00
Signature:			CK:1616 CT:346307 BH:1604946 16 25.00 = 25.00 ASSUM NAME #2
Printed Name:			.