

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2012 JUL -3 AM 8:53

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address		J. R. Cust	oms Holsters
Retail Trade	business unde	the assumed business nar	ne: <u>Complete Address</u>
Correspondence should be addressed: Jim Ryan 3600 Hanna Ave Emmett, Id. 83617 5. Name and address for this acknowledgment copy is (if other than # 4 above): Printed Name: Signature: Capacity/Title: Owner Signature: Cignature: Cignature	Retail Tr Wholesa Services Manufac	ade	Submit Certificate of Assumed Business
5. Name and address for this acknowledgment copy is (if other than # 4 above): Signature: Printed Name: James Ryan Capacity/Title: Owner Signature: Printed Name:	correspondence should be addressed: Jim Ryan 3600 Hanna Ave		450 North 4th Street PO Box 83720 Boise ID 83720-0080
Signature: Printed Name: James Ryan Capacity/Title: Owner Signature: CX: 1050159 CT: 172099 BH: 1330757 1 9 25.08 ASSUM NAME 10 2	5. Name and add	ress for this acknowledgme	nt
Printed Name: James Ryan Capacity/Title: Owner Signature:		b —	Secretary of State use only
Capacity/Title: Owner IBAHO SECRETARY OF STATE		D	
Signature:			
Printed Name:		· -	97/93/2912 95:09
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