

Signature:___

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 JUL 10 AM 10: 21

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is: Charred Chimera Games						
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):						
	Charles Wolz	555	555 Grandveiw Drive, Malad City ID 83252 (Address)				
	(Name)	(Addre					
	(Name)	(Addre	ess)	<u> </u>			
	(Name)	(Addre	(Address)				
	(Name)	(Addre	ess)				
2	The general type of business transacted under the assumed business name is:						
ა.							
	Retail Trade Construction			F	Transportation and Public Utilities		
	Wholesale Trade	Agriculture	∐ Minin	~			
	Services		Manufacturing	∃ ∐ Finan	ce, Insurance, and Re	eal Estate	
4.	Mailing address for future correspondence:			5. Name and a	ddress for this acknow	wledgment	
	, ,		copy is (if other than # 4):				
	Charles Wolz						
	(Name)			(Name)			
	555 Grandveiw Drive (Address)			(Address)			
	Malad City	ID	83252	(Address)			
	(City)	(State)	(Zipcode)	(City)	(State)	(Zipcode)	
Printed Name: Charles Wolz				,	Secretary of State use only		
Sig	gnature: Wash-	7. Wag					
Printed Name:				IDAHO SECRETARY OF STATE 07/11/2017 05:00			
Signature:					CK:1043 CT:342386 BH:1592838 1@ 25.00 = 25.00 ASSUM NAME #2		
Printed Name:					D195738		

Rev. 08/2015