

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Your Best Shot

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

Name

Complete Address

George S. Robinson

1632 Powers Avenue, Lewiston, ID 83501

Deborah Joan Hayes

1632 Powers Avenue, Lewiston, ID 83501

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

George S. Robinson

Deborah Joan Hayes

dba Your Best Shot

1632 Powers Avenue

Lewiston, ID 83501

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

FirstBank Northwest

Attn. Kirsten Patterson

920 Main Street

Lewiston, ID 83501

Signature: George S. Robinson

Printed Name: George S. Robinson

Capacity: Owner

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Secretary of State use only

IDAHO SECRETARY OF STATE

02/05/1998 09:00
CK: 346453 CT: 7881 BH: 79548

1 @ 20.00 = 20.00 ASSUM NAME

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