



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 JAN -3 AM 9:18

SECRETARY OF STATE
STATE OF IDAHO

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

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

Blaine County Equine ADVOCATES

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

Name

Complete Address

JUDY GIBBS
LYNNE FRENCH
SHEILA WHITE
JULIE LAWSON

P.O. Box 293
BELLEVUE, IDAHO
83313

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Blaine County Equine Advocates
P.O. Box 293
Bellevue, ID. 83313

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

Signature: Sheila White

Printed Name: Sheila White

Capacity/Title: ADVOCATE

Signature: Julie C. Lawson

Printed Name: Julie C. Lawson

Capacity/Title: Advocate

Secretary of State use only

IDAHO SECRETARY OF STATE
01/04/2011 05:00
CK: 2776 CT: 253974 BH: 1253517
1 @ 25.00 = 25.00 ASSUM NAME # 2

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