



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

2006 APR 24 AM 9:44

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

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

LOST RIVER TROUT HATCHERY

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
<u>RICHARD A SMITH</u>	<u>5787 W 5000 N</u> <u>Mackay, ID 83251</u>
_____	_____
_____	_____

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 type="checkbox"/> Services | <input checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

LOST RIVER TROUT HATCHERY
5787 W 5000 N
Mackay, ID 83251

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

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

Phone number (optional): _____

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

BANK OF IDAHO
PO BOX 126
ST ANTHONY ID 83445

Signature: *Richard A Smith*
(signature required)

Printed Name: RICHARD A SMITH

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corporation\forms\abn p65 Revised 04/2003

IDAHO SECRETARY OF STATE
04/24/2006 05:00
 CK: 21120 CT: 119087 BH: 950049
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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