



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

2003 OCT -7 AM 8:46

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

HUCKLEBERRY PATCHES

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>LISA MURRANT</u>	<u>136 E. LAKE - McCall, Idaho</u>
<u>KATIE L. GRANGER</u>	<u>OR 83638</u>
	<u>P.O. Box 536 - McCall, Idaho</u>
	<u>83638</u>

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

- | | |
|--|--|
| <input checked="" 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 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
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

HUCKLEBERRY PATCHES
P.O. Box 536
McCall, ID 83638

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

Phone number (optional): _____

Signature: Katie L. Granger
(signature required)

Printed Name: KATIE L. GRANGER

Capacity/Title: PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
10/07/2003 05:00
CK: 697 CT: 150010 BH: 785365
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 69524