. /	·		Addition to the second
	CERTIFICATE OF ASSUI	MED BUS See instruction	SINESS NAME
	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	TE OF IDAHO tho Code, the ssumed Busir	SINESS NAME is on reverse, OC7 /6 undersigned A/7 9: 37 ness Name.
1.	The assumed business name which the unbusiness is: Prairie Sales	ndersigned us	undersigned 27 16 44 9. 37 ness Name.
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Mark Little	<u>Cor</u> <i>POB 1010</i> R	mplete Address
	Mark Little Joon Little	SAME	
3.	The general type of business transacted u (mark only those that apply)	nder the assu	med business name is:
	Retail Trade	Fin	insportation and Public Utilities ance, Insurance, and Real Estate ning
4.	The name and address to which future Phone number (optional): 208 687 6947 correspondence should be addressed:		
	Mark Little POB 1010		Submit Certificate of Assumed Business Name and \$20.00 fee to:
	RATHDRUM, ID 83858		Secretary of State
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080

Signature: Mau L Printed Name: MARK LITTLE

Capacity: Owner

(see instruction # 8 on back of form)

208 334-2301

Secretary of State use only IBAHO SECRETARY OF STATE

10/16/2000 09:00 CK: 5240 CT: 137263 BH: 354832

1 0 20.00 = 20.00 ASSUM NAME # 2

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