



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

**FILED/EFFECTIVE**

02 SEP - 9 AM 11:40

STATE OF IDAHO

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

EVERSPRING Ranches

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

Name

Cliff L. Fivecoat

Complete Address

10981 Horseshoe Bend Rd.  
Boise, Idaho 83703

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:

Cliff Fivecoat  
10981 Horseshoe Bend Rd.  
Boise, Idaho 83703

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

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

Phone number (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Cliff L. Fivecoat  
(signature required)

Printed Name: Cliff L. Fivecoat

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 07/2002

IDAHO SECRETARY OF STATE  
09/10/2002 05:00  
CK: 550 CT: 158010 BH: 487222  
1 € 20.00 = 20.00 ASSUM NAME # 2

DSB/09