	CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)
	To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned of physical states of adoption of an Assumed Business Name The assumed business name which the undersigned use(s) in the transaction of
1.	The assumed business name which the undersigned use(s) in the transaction of business is: Buckskin Outfitters
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address Cathy M. Bruce Desmet, Id 83824
3.	The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade
4.	Services Construction Mining The name and address to which future Phone number (optional): 208-268-2323 correspondence should be addressed:
	Buckskin Outhoffers Rt I Box 24 Statiline Rd. Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above): Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IMHO SECRETARY OF STATE
Signati	ire: 11. \square:
Printed	Name: Cathy M. Bruce
Capac	ity: Owner 19147

(see instruction # 8 on back of form)