

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 OCT - 1 AM 10: 25 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Cocolalia Cre	eek Sport Horse Park
The true name(s) and business address(elements business under the assumed business name Name Marion Dresel-O'Connor	
3. The general type of business transacted of the second s	tion and Public Utilities
☐ Services☑ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estatement	Assumed Business
 The name and address to which future correspondence should be addressed: Marion Dresel-O'Connor 	Secretary of State 700 West Jefferson Basement West PO Box 83720
339 Dockins Road, Careywood ID 83809	Boise ID 83720-0080 - 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment Phone number (optional):
Legalzoom.com, Inc. c/o Karmelia Fredrick 7083 Hollywood Blvd. Suite 180	
Los Angeles, CA 90028	Secretary of State use only
Signature: X	- We was a secretary of state IDAHO SECRETARY OF STATE 10/01/2008 05:00 CK: 269655 CT: 167623 BH: 1138331 1 2 25.60 = 25.60 ASSUM MANE # 2
(signature required) Printed Name:	- 「長さり IDAHO SECRETARY OF STATE 10/01/2008 05:00 に: 269655 CT: 167623 BH: 1138331
Capacity/Title:	_ \$\bar{2} \bar{2} \
(see instruction # 8 on back of form)	_ 6