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07 SEP 24 PM 12:42
SECRETARY OF STATE
STATE OF IDAHO

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.

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

   TRAIL CREEK CREATIONS

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
ALAN E. PONTON	5836 TRAIL CREEK RD
JOAN M. PONTON	MACKAY, IDAHO
	83251

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

- [X] Retail Trade
- [ ] Wholesale Trade
- [ ] Services
- [ ] Manufacturing
- [ ] Finance, Insurance, and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

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:

   TRAIL CREEK CREATIONS
   5836 TRAIL CREEK RD
   MACKAY, ID 83251

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

   - SAME -

Phone number (optional): 588-4040

Signature: Alan E Ponton (signature required)

Printed Name: ALAN E. PONTON

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\corp\formation formation.pdf
Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
09/24/2007 05:00
CK: 1 CT: 158010 BH: 1077185
1 @ 25.00 = 25.00 ASSUM NAME # 2

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