

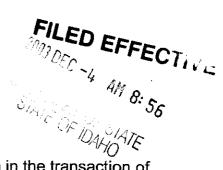
Capacity/Title: <u>accounts/pastness</u>

(see instruction # 8 on back of form)

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.



The assumed business name which the unders	signed use(s) in the transaction of
business is: <u>Teton Dutch Oven</u> Supf	dies
2. The true name(s) and business address(es) of business under the assumed business name: Name	the entity or individual(s) doing Complete Address Trany & Linda Clark
	Socla Springs, Id. 83276
3. The general type of business transacted under	the assumed business name is:
Retail Trade Transportation an Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 4. Tracy c Linda Clark 150 E, 4th So Soda Springs, Id. 83876	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): 208-5년기-3353
	Secretary of State use only
Frinted Name: Linda a). Clark Capacity/Title: (1)-Ownon/matnos.	IDAHO SECRETARY OF STATE 12/04/2003 05:00 CK: 1388 CT: 158818 BH: 714813 1 0 25.00 = 25.00 ASSUM NAME # 2

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