



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
01 NOV -2 AM 9:00

STATE OF IDAHO

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

Broken Horn Taxidermy

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

John W. (Bill) Squires 2829 Derby Place Boise, Id. 83709

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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" 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:

Bill Squires
2829 Derby Place
Boise, ID 83709

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

Signature: John W. Squires

Printed Name: John W. Squires

Capacity: owner

(see instruction # 8 on back of form)

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

Phone number (optional):

(208) 342-1443

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
11/07/2001 05:00
CR: 6034 CT: 153273 BH: 428315
1 @ 20.00 = 20.00 ASSUM NAME # 2

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