



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 gives notice of adoption of an Assumed Business Name.

DO FEB 26 AM 10:25
STATE OF IDAHO

FILED/EFFECTIVE

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

Equine Angels Horse rescue

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 |
|-------------------------|--------------------------------------------|
| <u>Junie Lou Miller</u> | <u>Rt. 1 Box 249 Glennsferry ID. 83623</u> |
| <u>William D. Young</u> | <u>Rt. 1 Box 249 Glennsferry ID. 83623</u> |

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

| | | |
|----------------------------------------------|-------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): (208) 366-7138

Junie L. Miller
Rt. 1 Box 249
Glennsferry ID. 83623

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

02/24/2000 09:00
CK: 634 CT: 127204 IN: 293037

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 33389

Signature: Junie L. Miller

Printed Name: Junie L. Miller

Capacity: President

(see instruction # 8 on back of form)

Revision 12/99

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