

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

11 JUN -6 PM 2: 11

Please type or print legibly. Instructions are included on back of application. SECRETARY OF STATE STATE OF IDAHO

	Victor Valley Tack N Saddle			
2.	The true name(s) and <u>business</u> address(e business under the assumed business name Name Local Affect IIc (W 104018)	me:	e entity or individual(s) doing <u>Complete Address</u> ox 407 / 176 n. main st Victor Idaho 83455	
3.	The general type of business transacted u Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Put	Submit Certificate of Assumed Business	
4.	The name and address to which future correspondence should be addressed: Local Affect IIc P.O. Box 407 / 176 n. main Victor Idaho 83455		Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	nt		
Diwwa	MAR Ji		Secretary of State use only	
•	d Name: Jowes A Nod:			
	city/Title: Ource			
	ture:		IDANO SECRETARY OF STATE	
	rinted Name:		06/06/2011 05:00 CK: 1013 CT: 259545 BH: 1277073	
	city/Title:		1 0 25.00 = 25.00 ASSUM NAME # ;	

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