Capacity:_

CERTIFICATE OF ASSU (Please type or print legibly.	JMED BUSINESS NAME See instructions on reverse.)
To the SECRETARY OF STATE, ST Pursuant to Section 53-504, lo gives notice of adoption of an	daho Code, the undersigned Or
1. The assumed business name which the business is: Straw Bale Trace	
The true name(s) and business address business under the assumed business n	ame is/are:
<u>Name</u>	Complete Address
Karl F. Heiss	P.O. Box 126 Mayie Springs
Marisa Bauducco	Idaho 83845
The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade	Finance, Insurance, and Real Estate
The name and address to which future correspondence should be addressed:	Phone number (optional): 208 267-1086
Rouducco - Heiss P.O. Box 126	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Moyie Springs, Idaho	Secretary of State
5. Name and address for this acknowledgm COPY is (if other than # 4 above):	700 West Jefferson nent Basement West PO Box 83720/ /
——————————————————————————————————————	Boise ID 83720-0080 208 334-2301
	○ 399世 (50 %) 199
	" FX A110 FT. 128848 DU. 202044
Signature:	1 0 20.00 = 20.00 ASSUM NAME # 2
Printed Name: Karl Heiss	D 34416
Capacity: () DINO/)	Norpyform skebn p65
(see instruction # 8 on back of form)	ejadica, B