

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 fill	<u> </u>
The assumed business name which the undersigned use(s) in the transaction of business is: T Bar A Equine Appraisal Service	
The true name(s) and business address(es) of the business under the assumed business name: Name Theresa L. Adams	Complete Address P.O. Box 347, Stanley, ID 83278
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Theresa L. Adams P.O. Box 347, Stanley, ID 83278	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 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): Theresa L. Adams P.O. Box 347, Stanley, ID 83278 Signature: (algorithm required) Theresa L. Adams Capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE

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