CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF It Pursuant to Section 53-504, Idaho Code gives notice of adoption of an Assumed	e, the undersigned
1. The assumed business name which the und business is: DANCE'S WITH BEAKS	.
2. The true name(s) and business address(es) business under the assumed business name Sohn M MOORE MOORE) of the entity or individual(s∰doin t
3. The general type of business transacted under the assumed business name is: (mark only those that apply) ☐ Retail Trade ☐ Manufacturing ☐ Transportation and Public Utilities ☐ Wholesale Trade ☐ Agriculture ☐ Finance, Insurance, and Real Estate ☐ Services ☐ Construction ☐ Mining 4. The name and address to which future Phone number (optional): 208 - 682 - 22 15	
correspondence should be addressed: <u>John M Moore</u> <u>20890 LATour CR, RD</u> <u>CATALOO TOAHO 83810</u> 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 IBANO SECRETARY OF STATE 12/36/1998 69:66
	12/30/1998 09:00

Signature: Signature: Shu M MOORE

Capacity: Ow NOR

(see instruction # 8 on back of form)

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