



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

2003 DEC -8 PM 12:52

STATE OF IDAHO

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

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

The Jagged Edge

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Craig Raffiner

Complete Address

16 Red Rock Stage RD

Salmon ID

83467

3. The general type of business transacted under the assumed business name is:

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

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

The Jagged Edge  
103 Andrews ST.  
Salmon ID 83467

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

208 940 1330

Signature:

Craig Raffiner  
(signature required)

Printed Name:

Craig Raffiner

Capacity/Title:

Owner

(see instruction # 8 on back of form)

corpformstat.form5abn.pdf  
Revised 04/2003

Secretary of State use only

IDaho SECRETARY OF STATE  
12/09/2003 05:00  
CK: 11325 CT: 116664 BH: 715631  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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