

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. 2003 MAR i 9 AM 8: 35

NOTE: See instructions on reverse before filing.

The assumed business name which the under business is:	STATE OF IDAHO rsigned use(s) in the transaction of
Healing Hooves Therap	peutic Riding Center
2. The true name(s) and business address(es) o business under the assumed business name: Name THe Healing Hoof Ranch, INC C 138496	f the entity or individual(s) doing Complete Address PO BOX 527, Kuna, ID 83634
3. The general type of business transacted under Retail Trade Transportation an Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: PO BOX 527, Kuna, ID 83634	
 Name and address for this acknowledgment copy is (if other than # 4 above): PO BOX 527, Kuna, ID 83634 	Phone number (optional):
	Secretary of State use only
Gignature: Printed Name: Anita M. Stoler Capacity/Title: President (see instruction # 8 on back of form)	D(3440
Capacity/Title: President (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 93/19/2003 05:00 CK: 228 CT: 158010 BH: 669554 1 0 20.00 = 20.00 ASSUN NAME #