



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

2013 NOV -5 AM 8:44

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Vintage Vaquero Stock Saddles

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

Name	Complete Address
<u>Donald L Moe</u>	<u>405 N. Washington ave</u>
	<u>Emmett, Idaho</u>
	<u>83617</u>

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

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Don Moe
405 N. Washington ave
Emmett, Idaho 83617

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

Don Moe
405 N. Washington ave
Emmett, Idaho 83617

Signature: Donald L Moe

Printed Name: Donald L Moe

Capacity/Title: Owner/operator

Signature: ~~Donald L Moe~~

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/05/2013 05:00
CK: NO CK # CT: 289365 BH: 1396805
1 @ 25.00 = 25.00 ASSUM NAME # 2

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