Capacity:\_ OWNER

(see instruction # 8 on back of form)

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

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned



gives notice of adoption of an Assum  1. The assumed business name which the business is:	
High Country Reishi	
2. The true name(s) and business address business under the assumed business reached and the street and the str	name is/are:
The general type of business transacted (mark only those that apply)	d under the assumed business name is:
Retail Trade Manufactur Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
<ol> <li>The name and address to which future correspondence should be addressed:</li> </ol>	Phone number (optional): (208) 425-3/15
High Country Reish's	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgm copy is (if other than #4 above):    Deland Banto	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
P.O.BOL D. Crace. Led 83241	Secretary of State use only
ignature: Man Monfield	Revision 2/97
inted Name: Shone Monsfield	IDAHO SECRETARY OF STATE  99/18/2001 05:00  CK: 18539 CT: 24614 BH: 419542

CK: 18539 CT: 24614 BH: 419542 1 # 20.00 = 20.00 ASSUM NAME # 2

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