Signature:

Capacity:

Printed Name: R. WADE

PRESIDEM

(see instruction # 8 on back of form)

	0 3921
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 Assumed Business Na  1. The assumed business name which the undersigned us business is:  BACK TO LIFE TAKIDERMY	STATE
2. The true name(s) and business address(es) of the entity business under the assumed business name is/are:  Name  Ruch Wab & ESPUN /849	or individual(s) doing  mplete Address  N. RAYMOND: BOSE, JO 8
Wholesale Trade Agriculture Fin	med business name is:  Insportation and Public Utilities  ance, Insurance, and Real Estate  ning
correspondence should be addressed:	r (optional): <u>(208) 323 -/3</u> 95
BACK TO LIFE TAXIDERMY 1849 N. RAYMOND ST. BOISE, ID 83704	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only

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