

## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED**

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 Name.

99 FEB - 1 AM 10: 53

STATE OF IDAHO

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

THE OLD HOME PLACE

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

NameComplete Address

HARLEY MASTRE

RT 1 BOX 467C, BONNERS FERRY, ID 83805

KIM MASTRE

RT 1 BOX 467A. BONNERS FERRY, ID 83805

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

THE OLD HOME PLACE

PO BOX 1963

BONNERS FERRY, ID 83805

Phone number (optional): \_\_\_\_\_

Submit Certificate of  
Assumed Business  
Name and \$20.00 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):

Signature: Kim MastrePrinted Name: KIM MASTRECapacity: PARTNER

(see instruction # 8 on back of form)

Revision 2/97

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Secretary of State use only  
IDAHO SECRETARY OF STATE  
02/01/1999 09:00  
CX: NO CK # CT: 118418 BH: 183698

10 20.00 = 20.00 ASSUM NAME # 2

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