



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2006 MAR 20 PM 1:28

SECRETARY OF STATE
STATE OF IDAHO

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

HOLE IN THE WALL SADDLE SHOP

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

Name

JACK COY

RITA COY

Complete Address

P.O. Box 484 FERNWOOD, ID 83830

P.O. Box 484 Fernwood, ID, 83830

314 Finn Creek Rd, Fernwood, Idaho 83830

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

| | |
|--|--|
| <input checked="" 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 type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

JACK & RITA COY

P.O. Box 484

Fernwood, ID 83830

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208-245-7179

Secretary of State use only

097745

IDaho SECRETARY OF STATE
03/20/2006 05:00
CK: 4083 CT: 150010 BH: 944439
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: Rita Coy

(signature required)

Printed Name: JACK COY RITA COY

Capacity/Title: OWNER(s)

(see instruction # 8 on back of form)