

## **CERTIFICATE OF** ASSUMED BUSINESS NAIVILE CONTROL TO THE SERVICE SUBMITS FOR Filing a certificate of Assumed Business Name. The property of th ASSUMED BUSINESS NAME OF MAR 15 MI 9: 11

FILED EFFECTIVE

NOTE: See instructions on reverse before filing.

<ol> <li>The assumed business name which the undersign business is:</li> </ol>	ned use(s) in the transaction of
Saddle Club	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Elsie M Bonge 717  P.D.	Complete Address
The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction	Public Utilities
Services	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
<ol><li>The name and address to which future correspondence should be addressed:</li></ol>	Secretary of State 700 West Jefferson Basement West
FISIE M Bonge P.D. Box 97 Puldesac ID 83524	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-843-926/
	Secretary of State use only
Signature: Signature required)  Printed Name: Fig. M. Bonge Capacity/Title: Dun & E	097433
Printed Name: # 15 14 M Bonge	IDAHO SECRETARY OF STATE
Capacity/Title: Ounder Son back of form)	03/16/2006 05 # 00 CK: 5443 CT: 158010 BH: 943602 1 0 25.00 = 25.00 ASSUM NAME # 6