



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED EFFECTIVE
2003 MAR 10 AM 9:34
STATE OF IDAHO

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

Blackjack Ketchum Shootout Gang

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

Name	Complete Address
Walt Cochran	P.O. Box 5591, Ketchum, ID 83340
Nate White	P.O. Box 5591, Ketchum, ID 83340
Lisa Loynd	P.O. Box 5591, Ketchum, ID 83340

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

- | | |
|--|--|
| <input 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:

Blackjack Ketchum Shootout Gang

Attn: Lisa Loynd P.O. Box 5591

Ketchum, ID 83340

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):

Phone number (optional):

(208) 788-3572

Signature: _____

(signature required)

Printed Name: _____

Walt Cochran

Capacity/Title: _____

President

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
03/10/2003 05:00
CK: 1037 CT: 160005 BH: 667473
1 @ 20.00 = 20.00 ASSUM NAME # 2

D LB 306