

CERTIFICATE OF

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

Please type or article in the control of 11:AUG 11 AM 8: 59

Please type or print legibly. Instructions are included on back of application.

SECRE BY OF STATE STATE OF IDAHO

Ponyta	Chainsaw Carvings
The true name(s) and <u>business</u> address business under the assumed business. Name	name:
<u>Name</u>	Complete Address 11151 Deerridge Drive, Pocatello, ID 83202
Edward Glines	11131 Deerhuge Drive, Pocatello, ID 03202
Jennifer Glines	11 11 11
<u></u>	
3. The general type of business transactions are represented as a serious serious from the	tion and Public Utilities on
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real E	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed Ponytail Chainsaw Carvings	Secretary of State 450 North 4th Street PO Box 83720
11151 Deerridge Drive Pocatello, ID 83202	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above):	ment
	Secretary of State use only
ignature: Schware St	
rinted Name: Edward Glines	
apacity/Title: Owner-Business Manager	
ignature: / lender Glues	_
	IDAHO SECRETARY OF STATE

O8/11/2011 05:00 CK: 755666 CT: 172099 BH: 1286190 1 8 25.00 = 25.08 ASSUM NAME # 2

7149415

Capacity/Title: Owner-Chief Artist