CERTIFICATE OF ASSUMED BUSINESS NAME

Mar 7 -10 13 AM 197

Tο	the	SE	CRE	TARY	OF	STATE,	STATE	OF	IDAHO
di Ame	MIN 01-40-	_			Appearance and			All All	drawning day in after

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of IMBY OF STATE adoption of an Assumed Business Name.

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

J.M. CLRCLE VIEW

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

Address: THIE MORGEN 30 HORSESHILVE CIRCLE HORSESHDE BEND, IO 83629

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

CHIGHTURELHORSES, SERVICES

See categories on the reverse

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

JUNE MORGEN

30 HORSESHUVUE CIRCLE

HORSESHOE BENO, IN

By

Capacity

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 Customer#

Secretary of State use only

IDAHO SECRETARY OF STATE DATE 03/07/1997 --70844

0900

SCHOOL MONE. 10 20.00= 20.00

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