227	FII ED
CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the ur submits for filing a certificate of Assumed Busine Please type or print legibly. NOTE: See instructions on reverse before fil	ess Name. STATE OF STATE
1. The assumed business name which the undersigned use(s) in the transaction of business is: Big John's TRophies	
 The true name(s) and business address(es) of the business under the assumed business name: Name <u>Hatchhouse_Tac.</u> <u>(L-115658)</u> 	the entity or individual(s) doing Complete Address
 3. The general type of business transacted under a service se	
2700 E Selfice Why Post Gails 20 83854 5. Name and address for this acknowledgment copy is (if other than #4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 208 - 777 - 7300
	Secretary of State use only
Signature: <u>Jimeler</u> <u>Christer</u> (signature required) Printed Name: <u>Pamela C. Houser</u> Capacity/Title: <u>Jiesident</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 02/10/2003 05=00 CK: 4126 CT: 167256 BH: 661927 1 в 28.00 = 20.00 ASSUM NAME # 2 Db2208