CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO 00 SEP ! 1 Pursuant to Section 53-504, Idaho Code, the undersigned

	gives notice of adoption of an Assumed Business Name RY OF STATE			
1.	The assumed business name which the ur business is:	nde	ersigned use	e(s) in the transaction of
	HUCKLEBERRY CABOOSE		· · ·	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Name		Con	nplete Address
	WILLIAM P. FLETCHER	HCOI BOX 120B, ST MARIES ID		
			-	83861
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	☐ Retail Trade ☐ Manufacturin ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	_		nsportation and Public Utilities ance, Insurance, and Real Estate ing
4.	The name and address to which future correspondence should be addressed:	Phone number (optional): 208 245 3464		
	HCOI BOX 120B ST.MARIES ID 83861			Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt		700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
			<u> </u>	SOME SECRE THE POPS THE
			<u>&</u>	09/11/2000 A9:AA

Signature: William Floton

Printed Name: WILLAM P. FLETCHER

Capacity: SoLE PROPRIE TOR

(see instruction # 8 on back of form)

09/11/2000 09:00 CK: 2031 CT: 135880 BH: 347388

1 8 20.00 = 20.00 ASSUM NAME # 2

D 38835