

## **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



<u>Ins</u> t	tructions are included		L STATE OF BAHO	
1. The as busine		which the undersign	ned use(s) in the transaction of	
Warrio	rs Rock			
busine Snake	ss under the assumed Name River Management Inc.	business name:	e entity or individual(s) doing  Complete Address ast 3000 North	
: (0	(C133896)		Kimberly, Id 83301	
☐ \ ☐ S ☐ M ☐ F	Retail Trade  Wholesale Trade  Services  Manufacturing  Finance, Insurance, and address to whoondence should be accorded.	nich future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street	
Warrior		<del></del>	PO Box 83720 Boise ID 83720-0080	
	ast 3000 North ly, Idaho 83341		208 334-2301	
5. Name	and address for this ac	cknowledgment		
gnature:	the Hora		Secretary of State use only	
	e: Stan haye			
apacity/Title	* * * * * * * * * * * * * * * * * * * *			
gnature:	Zion & ble	w	IDAHO SECRETARY OF STATE 04/09/2013 05:00	
inted Name	e: Diana Haye		CK: 1025 CT: 281656 BH: 1368567 1 P 25.90 = 25.88 ASSUM NAME #	
apacity/Title	: Prisedent			

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