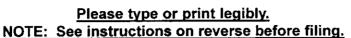


Capacity/Title: Owner

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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





	$\gamma \eta \eta \gamma$
The assumed business name which the undersign business is: The assumed business name which the undersign business is: The assumed business name which the undersign business is: The assumed business name which the undersign business is: The assumed business name which the undersign business is: The assumed business name which the undersign business is: The assumed business name which the undersign business is: The assumed business is: The	<i>*</i>
Tough-n-Tender Horse T	raining
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	entity or individual(s) doing
4 - 4	Camplete Address
Name	Complete Address
Colleen / Liccolls 14.	37 West 12 Street
Colleen Miccolls 14.	mmett, ID 83617
O The second two of business transported under the	
3. The general type of business transacted under the	e assumed pusiness name is:
Transportation and D	udalia I Milisiaa
Retail Trade Transportation and P	ublic Utilities
Wholesale Trade Construction	
	Submit Certificate of
Manufacturing Mining	Assumed Business
	Name and \$20.00 fee to:
	Name and \$20.00 to.
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
correspondence should be addressed.	Basement West
Same	PO Box 83720
	Boise ID 83720-0080
	208 334-2301
Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	208-365-0954
Same	•
	Secretary of State use only
	•
A AA -A 'AA WARA	
gnature: <u>Collectic Es</u>	
gnature: Colleen Ticcolls	IDAHO SECRETARY OF STATE
Inter Name: (0//22// //, Cco//3 28	94/15/2002 05:00

IDAHO SECRETARY OF STATE 94/15/2002 95:00 CK: 618 CT: 158010 BH: 459350 1 0 20.00 = 20.00 ASSUM NAME # 2