| OTED . | CERTIFICATE C |)F | FILED EFFECTIVE | |
|-------------------------------------|--|---------------|--|--|
| | ASSUMED BUSINESS NAME | | = 4 AM R. | |
| | Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. | | ned 43 | |
| | Please type or print legibly. | | me. OF DAHO | |
| N | OTE: See instructions on reverse be | | | |
| | ssumed business name which the u | undersigned | use(s) in the transaction of | |
| busin | BONE STORE | | | |
| | DONE JORE | | ······································ | |
| 2. The ti | rue name(s) and business address(ess under the assumed business na | es) of the en | tity or individual(s) doing | |
| Name | | | Complete Address | |
| 1 | DAY RANCH LLC | Boxa | 19 | |
| · | w 28611 | 213 | N. Plymouth Ave. | |
| | | New | Plymouth, Id 83 | |
| 3. The g | eneral type of business transacted | under the as | sumed business name is: | |
| X | Retail Trade Transportation | on and Publi | c Utilities | |
| | Wholesale Trade Construction | n 🦾 | | |
| | Services Agriculture | | Submit Certificate of | |
| · · · · · | Manufacturing Mining Finance, Insurance, and Real Estat | | Assumed Business Name and \$25.00 fee to: | |
| | ame and address to which future | e | Secretary of State | |
| correspondence should be addressed: | | | 700 West Jefferson | |
| 23 | AY KANCH LLC 306 AEGEAN AVE | · ·] | Basement West PO Box 83720 | |
| | DALO FALLS, ID 834 | 04 | Boise ID 83720-0080 208 334-2301 | |
| | • | - L | 208 334-2301 | |
| | e and address for this acknowledgn | nent | Phone number (optional): | |
| | IS (if other than # 4 above); A Y KANCH LLC | | · · · · · · · · · · · · · · · · · · · | |
| | H 99 Plu an of H T N | · [| Promotion of One to a state | |
| | 83655 | | Secretary of State use only | |
| Signature: | • / | | ···· | |
| ອາເສເບເອ. <u></u> | (signature required) | In form | | |
| noted Mar | e: vouglas D. Moscrip | Kensed | IDANO SECRETARY OF STATE 04/14/2004 05:0 | |
| | | | | |
| rinted Nam apacity/Titl | e: Managing Member (see instruction # 8 on Back of form) | | CK: 2020 CT: 158010 DN: 7391 1 0 25.00 = 25.00 ASSUM NAME | |