

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2013 APR 15 AM 9:55

Please type or print legibly. Instructions are included on back of application.



THE PARKSIDE	
The true name(s) and <u>business</u> address business under the assumed business r	
<u>Name</u>	Complete Address
ASKAHORSE ENTERPRISES, LLC	1837 E YELLOW PINE AVE, ATHOL ID 83801
(W127651)	
 The general type of business transacted Retail Trade Wholesale Trade Services Agriculture 	tion and Public Utilities on
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: MICHAEL BARNES	Secretary of State 450 North 4th Street PO Box 83720
P.O. BOX 1478	Boise ID 83720-0080 208 334-2301
SPIRIT LAKE, ID 83869	
5. Name and address for this acknowledgr copy is (if other than # 4 above):	nent - -
nature: Muchaet James	Secretary of State use only
ted Name: MICHAEL BARNES	_
acity/Title: MEMBER / GENERAL MANAGER	TRANS SCREETARY OF ARLES
nature:	IDAHO SECRETARY OF STATE 94/16/2013 95:00
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