

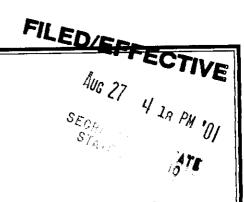


Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

Capacity:



D47938

the transaction of	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
Idaho Cabin Keepers	
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2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business name:	
Name Complete Address Carden	
Kandy Mead 7615. Middle took ka valley I)	L
Jenny Mead 761 S. Middle fork kd 836	ال
	l
3. The general type of business transacted under the assumed business name is:	
□ Transportation and Public I Itilities	
Retail Trade Construction and Public Offices Wholesale Trade Construction	
Services Agriculture Submit Certificate of	
Manufacturing Mining Assumed Business	
Name and \$20.00 fee to:	l
Finance, Insurance, and Real Estate	
4. The name and address to which future Secretary of State 700 West Jefferson	
correspondence should be addressed:	
tacho Cabin Keepers PO Box 83720	
Boise ID 83720-0080	
161 S. Middle 18/1 Ka 208 334-2301	
5. Name and address for this acknowledgment Phone number (optional):	
COPY IS (if other than # 4 above):	
	l
Secretary of State use only	
99	
signature:	
Printed Name: RANDY MEAD IDAHO SECRETARY OF STATE 08/28/2001 05:00	
Frinted Name: RANDY MEAD Capacity: OWNER ON ACCESTANCE OF STATE CAPACITY: OWNER OWNER OF STATE CAPACITY: OWNER OWNER OF STATE CAPACITY: OWNER OF STATE CAPACITY CAPACITY CAPACITY CAPACITY CAPA	2
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