

Capacity/Title: Owners

(see instruction # 8 on back of form)

## FILED EFFECTIVE **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2003 HOV 17 AM 9: 18

STATE OF IDAHO

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

2. The true name(s) and business address(e	
business under the assumed business na	me:
Name	Complete Address
DARYL HORST	PAYETTE ID 83661
	PAYETTE IN 83661
Market Control of the	
3. The general type of business transacted $\iota$	under the assumed business name is:
Retail Trade Transportation	on and Public Utilities
☐ Wholesale Trade ☐ Construction	n
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estat	te Name and <b>\$25.00</b> fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West PO Box 83720
DARYC HORST	Boise ID 83720-0080
Sha CounTRY ACRES	208 334-2301
5605 Little Willow Re PAYETTE ID 83661	-1
5. Name and address for this acknowledgr	
COPY is (if other than # 4 above).	and the state of t
- Address - Addr	Secretary of State use only  —
	- 990
Signature: (signature required)	- IDAHO SECRETARY OF STATE  11/17/2003 05:  CK: 1389 CT: 158810 BH: 71  1 # 25.00 = 25.00 ASSUM NA
(signature required)	- Web 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Printed Name: DARYC HORST	_   \$\frac{11}{2003} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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