



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO,

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Heron's Keep

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

Julie Pollard

PO Box 577 St Maries ID 83861

John Owens Pollard

PO Box 577 St Maries ID 83861

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): _____

Julie Pollard

PO Box 577

St Maries ID 83861

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:
25.00

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Julie Pollard

Printed Name: Julie Pollard

Capacity: Owner

(see instruction # 8 on back of form)

Revision 1/98

g:\corp\forms\abn.p65

IDAHO SECRETARY OF STATE
05/24/2004 05:00
CK: 4190 CT: 150010 BH: 746636
1 @ 25.00 = 25.00 ASSUM NAME # 2

FILED EFFECTIVE

D 76593