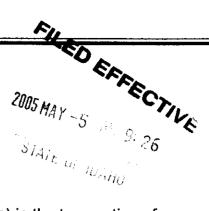


## CERTIFICATE OF ASSUMED BUSINESS NAME

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.



1.	I. The assumed business name which the undersigned use(s) in the transaction of business is:  Eagle Ridge Toxidermy	
2.	The true name(s) and <u>business</u> address(es) of the elements under the assumed business name:  Name  Les Ter R. Belly 972  Love	Complete Address
3.	The general type of business transacted under the an example.  Retail Trade	
	The name and address to which future correspondence should be addressed:  Les Ter R. Beffy Po Bex 1  Lava Hot Spring, Id 83246  Name and address for this acknowledgment copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
	Sgu La D D H	Secretary of State use only

Vormstabn formst Revised 04/2003

IDAHO SECRETARY OF STATE
### 57/05/20/05 ### 45 ### 25.00 ASSUM NAME # 2

D 87448

Printed Name: Les Ter R. Belly

Capacity/Title: Owner

(see instruction # 8 on back of form)