CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse).	
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on revers) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 23 gives notice of adoption of an Assumed Business Name 19: 11	
gives notice of adoption of an Assumed Business Name 1. The assumed business name which the undersigned use(s) in the interpretation of business is:	
Time To Win Equine Performance	e Supply
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
•	Complete Address
Vicki Ju Price Bt 2 N	Box 184 Postella 1 0. 93202
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Wholesale Trade Agriculture	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
The name and address to which future Phone number (optional): correspondence should be addressed:	
J.C. and Vick: Parce	Submit Certificate of Assumed Business
Bt 2 N Box 184 Portello ID. 83202	Name and \$20.00 fee to:
5. 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
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 98/23/2001 05:00 CK: 1208 CT: 150423 BH: 415204 1 8 20.00 = 20.00 ASSUM NAME # 2
Capacity: Owner - operator (see instruction # 8 on back of form)	D47825