

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2013 MAR 14 AM 9: 15

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

Canyon's Edge Equine	
The true name(s) and <u>business</u> a business under the assumed bus	address(es) of the entity or individual(s) doing
Name	Complete Address
7 Bar 0 P.L.L.C.	P. O. Box 879
W/23117	Glenns Ferry, Idaho 83623
Retail Trade Tran	nsacted under the assumed business name is: esportation and Public Utilities estruction iculture
☐ Manufacturing ☐ Mini ☐ Finance, Insurance, and Re	ing Submit Certificate of Assumed Business
 The name and address to which f correspondence should be address James Dorenkamp DVM 	ssed: 450 North 4th Street PO Box 83720
P. O. Box 879	Boise ID 83720-0080 208 334-2301
Glenns Ferry, ID 83623	
5. Name and address for this acknow copy is (if other than # 4 above):	vledgment
	Secretary of State use only
gnature: P. Park	
inted Name: Penelope Parker	
apacity/Title:Attomey	
gnature:	IDAHO SECRETARY OF STATE 93/14/2013 95:00
inted Name:	CK: 5479 CT: 184945 RH: 1364661 1 P 25.00 = 25.00 ASSUM NAME #:

D161752

Capacity/Title: