



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.

2005 JUN 10

02

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

TROUTBURN FLYFISHING COMPANY

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

Name

Mark R. CHRISTIANSEN

Complete Address

PO Box 1020 Osburn, Id. 83849

3. The general type of business transacted under the assumed business name is:

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

TROUTBURN FLYFISHING CO.
PO Box 1020
Osburn, Id. 83849

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

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

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

SAM

Phone number (optional):

208-556-0486

Secretary of State use only

Signature: Mark R. ChristianSEN
(signature required)

Printed Name: Mark R. CHRISTIANSEN

Capacity/Title: OWNER

(see instruction # 8 on back of form)