

Signature: Onthe Graham.

Printed Name: Christine Graham

(see instruction #8 on back of form)

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.

FILED FFECTIVE STATE OF DAHO ATE

 The assumed business name which the undersigned use(s) in the transaction business is: 		ed use(s) in the transaction of
	Christine's Country	1 Cuts
2		ntity or individual(a) doing
۷.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
	Name	Complete Address
	Christine Graham 340	19 E (050 N)
		enan, eld, 83434
2	The general type of business transacted under the	assumed husiness name is:
J.		
	Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
	Services Agriculture	Submit Certificate of
	Manufacturing Mining	Assumed Business
	Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
4.	The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
		Basement West
	Men an. Ud. 83434	PO Box 83720 Boise ID 83720-0080
•	110101, 50.00131	208 334-2301
5	. Name and address for this acknowledgment	Phone number (optional):
	COPY IS (if other than # 4 above):	(208) 754-4023
		Socratory of State use only
		Secretary of State use only
	4	

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IDAHO SECRETARY OF STATE

06/03/2002 05:00

CK: 215 CT: 158810 BH: 469113

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