



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

FEB 17 PM 3:05

SECRETARY OF STATE  
STATE OF IDAHO

**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:

Red Rock Resource Management

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

| <u>Name</u>             | <u>Complete Address</u> |
|-------------------------|-------------------------|
| <u>Robert Shoemaker</u> | <u>P.O. Box 2149</u>    |
|                         | <u>Mc Call Idaho</u>    |
|                         | <u>83438</u>            |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input 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:

Red Rock Resource Management  
P.O. Box 2149  
Mc Call, Idaho 83438

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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number (optional):

208 634 2696

Signature: Robert Shoemaker  
(signature required)

Printed Name: Robert Shoemaker

Capacity/Title: Owner-Operator

(see instruction # 8 on back of form)

Secretary of State use only

0711329

IDAHO SECRETARY OF STATE  
**03/18/2004 05:00**  
CK: 1474 CT: 158010 BH: 733816  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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