



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on back of form.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

00 JUN -5 AM 8:50

SECRETARY OF STATE  
STATE OF IDAHO

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

Buggy connection Handicapped equestrian equine therapy center

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

Name	Complete Address
<u>SUSAN MARLER</u>	<u>PO Box 829 Fruitland Id 83619</u>
<u>MIKE BENIOT</u>	<u>PO Box 829 Fruitland Id 83619</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional) \_\_\_\_\_

Buggy connection  
PO Box 829  
Fruitland Id 83619

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

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

Signature: Susan Marler

Printed Name: SUSAN MARLER

Capacity: general partner

(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

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

Secretary of State use only  
IDAHO SECRETARY OF STATE

06/05/2000 09:00  
CK: 1591 CI: 115148 BH: 323570

1 @ 20.00 = 20.00 ASSUM NAME # 2

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