

Printed Name:

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

CERTIFICATE OF  ASSUMED BUSINESS NAM  Pursuant to Section 53-504, Idaho Code, the undersign submits for filing a certificate of Assumed Business Name of Please type or print legibly.  NOTE: See instructions on reverse before filing.	gned Pos
<ol> <li>The assumed business name which the undersigned business is:</li> <li>Hackleberry Ridge</li> <li>The true name(s) and business address(es) of the education business under the assumed business name:</li> </ol>	entity or individual(s) doing
Name	Complete Address
Cutter & Associates, Inc. 55 C138438 (0	9 BERRY HILL
<u>C138438</u> <u>Co</u>	COLALLA, ID 83813
Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  KEITH CUTTER 559 BERRY LILL	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) 265 - 2651
ignature: //wth/wth	Secretary of State use only

IDAHO SECRETARY OF STATE

04/29/2004 05:00

CK: 952 CT: 178772 BH: 742158
1 @ 25.00 = 25.00 ASSUM NAME # 2