Capacity: OWNEL

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

E: See instructions on reverse before filing.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Mitchell Hound Suppli	
2. The true name(s) and <u>business</u> address(es) of the enbusiness under the assumed business name: Name Lestie C Mitchell 2470 Rose C Mitchell Ave	Complete Address
3. The general type of business transacted under the assumed business name is:	
Retail Trade	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 Phone number (optional):
Signature: Senied Name: 62/10 Mitchell Signature Wessed 01/2001	IDAHO SECRETARY OF STATE 12/06/2004 05:00 CK: 18428 CT: 158010 BH: 780077 1 0 25.00 = 25.00 ASSUM MANE # 2