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CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 9997 SEP 29 FM 12: 42

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

NOTE: See instructions on reverse before filing.	CIPIE OF IDAHO
1. The assumed business name which the undersigned	
business is	
Kockin JM Horseshoein	9
2. The true name(s) and <u>business</u> address(es) of the er	tity or individual(s) doing
business under the assumed business name:	Complete Address
0037744	Linden Rd. Kendrick ID. 83537
3. The general type of business transacted under the a	ssumed business name is:
Retail Trade Transportation and Pul	DIIC Utilities
	Submit Cartificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
4. The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
Joshua Morris	PO Box 83720 Boise ID 83720-0080
Po Box 165	208 334-2301
Kendrick ID 83537	Phone number (optional):
5. Name and address for this acknowledgment CODY is (if other than # 4 above):	_
Copy is (if other than a above).	208-289-5732
	Secretary of State use only
1 1 114	
rinted Name: Joshua Marris	
rinted Name: Joshua Marris	IDAHO SECRETARY OF STATE
Capacity/Title:	10/20/2003 05:0

10/20/2003 05:00 CK: 1217 CT: 158010 BH: 707373 1 0 25.00 = 25.00 ASSUM NAME # 2