CERTIFICATE OF ASSUMED BUSINESS NAME

	the SECRETARY OF STATE, STATE, Pursuant to Section 53-504, Identification of an Assumed Business Na	aho Code		ned gives no	ptice of the	
1.	The assumed business name whitbusiness is:		_	(s) in the trar	nsaction of	
	CROOKED CREEK	WIL	DSCAPES		•	—
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:					
	<u>Name</u>		<u>Address</u>			
	STACEY L. LENZ		39 FAIRULE	W AUG. A	IAMPH, ID.	<u>8</u> 365
	_					
3.	The general type of business trans	sacted ur	der the assum	ed business	name is:	• }
	TAXIDERMY					
	See categories on the reverse		· · · · · · · · · · · · · · · · · · ·	·	· ·	_
4.	The name and address to which o					
	STACEY L. LENZ	539 /	AILU/EW A	AVE.	, t	_
	NAMPA, ID	836	51			
		·	<u></u>		1	
	S	igned	The state of	2, Inn		
	E	Ву			· · · · · · · · · · · · · · · · · · ·	
	C	Capacity_	SOLE OWNE	R	1	
	Submit Certificate of Assumed Business Name and \$20.00 fee to):	Customer#		i .	

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 Secretary of State use only IBAHO SECRETARY OF STATE

02/17/1999 09:00 CK: 3467 CT: 111216 BH: 188730

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