

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



The assumed business name which the undersigned use(s) in the transaction of business is: Cutthroat Creek		
The true name(s) and business address(es) of the business under the assumed business name: Name Troy High	entity or individual Complete Add 4602 East Wind Idaho Falls II	dress River Drive
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Troy High 4602 East Wind River Drive Idaho Falls ID 83401 5. Name and address for this acknowledgment copy is (if other than #4 above):	Submit Cer Assumed B Name and Secretary of 700 West S Basement PO Box 83 Boise ID 8 208 334-2	tificate of Business \$25.00 fee to: of State Jefferson West 3720
Signature: (signature required) Printed Name: Troy High Capacity/Title: (see instruction # 8 on back of form)	Secretary 1 P	IDAHO SECRETARY OF STATE 06/30/2003 05:00 K: 1715 CT: 158910 BH: 688502 25.00 = 25.00 ASSUM HAME # 2

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