



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2004 NOV 19 11:30

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Candy Cane Quarter Horses

Home of the Sweet Disposition

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Margaret L. Berggren

P.O. Box 126, Sweet ID 83670

Leon E. Berggren

P.O. Box 126, Sweet ID 83670

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Margaret L. Berggren

P.O. Box 126

Sweet ID 83670

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):

Leon E. Berggren

P.O. Box 126

Sweet ID 83670

Phone number (optional): _____

Secretary of State use only

Signature: Leon E. Berggren
(signature required)

Printed Name: Leon E. Berggren

Capacity/Title: Partner

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE
11/19/2004 05:00
CK: 2003 CT: 150010 BH: 777621
1 @ 25.00 = 25.00 ASSUM NAME # 2