



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.

FILED EFFECTIVE

07 OCT 10 AM 8:25

SECRETARY OF STATE
STATE OF IDAHO

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

THE EQUESTRIAN VAGABOND

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

MERRI MELDE

15401 BATES CREEK RD

OREANA, ID 83650

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 checked="" type="checkbox"/> Services | <input 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:

MERRI MELDE

15401 BATES CREEK ROAD

OREANA, ID 83650

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State 450
N 4th Street PO Box 83720
Boise ID 83720-0080 (208)
334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____

MERRI MELDE

Capacity/Title: _____

OWNER

(see instruction # 8 on back of form)

g:\corp\form\statin form\statin.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
10/10/2007 05:00
CK: 1069 CT: 218413 BH: 1079706
1 @ 25.00 = 25.00 ASSUM NAME # 2

D115772