CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly	y. See instructions on revEED/EFFECTI
To the SECRETARY OF STATE S	TATE OF IDAHO Idaho Code, the undersigned 10 PH 3: 18
The assumed business name which the business is:	
- Rock Creek Eque	estrian Center
The true name(s) and business address business under the assumed business in	s(es) of the entity or individual(s) doing name is/are:
Janet felty	Complete Address 3487 Banks - Lowman Rd
<i>"</i>	Lowman ID 83632
Lynn Bruce	Box 127 Garden Valley 10
3. The general type of business transacted (mark only those that apply)	d under the assumed business name is:
Retail Trade Manufactu Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
 The name and address to which future correspondence should be addressed: 	Phone number (optional):
Rock Creck Equestrian Center Para 127	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Garden Valley 10 834	Secretary of State
5. Name and address for this acknowledge copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
3487 Banks-Lowman Rd	Secretary of State use only
Lowman IDAHO 83632	oscionity of outle day offly
Signature: Mr. Sur	A TANIO CECOFTABLY OF STATE

Printed Name: Lynn D. Bruce

(see instruction # 8 on back of form)

Capacity: Aux

IDAHO SECRETARY OF STATE
10/10/2002 05:00
CK: 1031 CT: 164129 BH: 575481
1 8 20.00 = 20.00 ASSUM NAME # 2