

Signature: \_

Capacity/Title:\_

Printed Name: \_\_\_\_\_

## CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME | APR 25 AM 8-55

Pursuant to Section 53-504, Idaho Code, the unuers submits for filing a certificate of Assumed Business Narrae SECRE - RY OF STATE STATE OF IDAHO

The assumed business name which the undersig business is:  OTTON WOOD 4H SADDLIER	
	e entity or individual(s) doing <u>Complete Address</u> <u>61 Graves Creek Road</u> Joffonwood, ID 83522
The general type of business transacted under the Retail Trade Transportation and I Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	
The name and address to which future correspondence should be addressed:  Ilela Graves Cruek Road  Cottonwood, TD 83522	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	
ature: <u>Jeanse VonBargen</u> ed Name: <u>Jeanse VonBargen</u>	Secretary of State use only

IDAHO SECRETARY OF STATE

04/25/2011 05:00

CK: NO CHECK # CT: 258884 BH: 1279689

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