

Signature:_

Printed Name: ___

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 APR -2 AM 8: 38

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
Vicky Burford	P.O. Box 684 Garden Valley, ID 83622
The general type of business transacted under Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State
correspondence should be addressed: Garden Valley Cowgirls	450 N 4th Street PO Box 83720 Boise ID 83720-0080
P.O. Box 765	(208) 334-2301
Garden Valley, ID 83622	
Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
- \\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	990 te

g:\corp\forms\abn.p6 Revised.04/2003

Vicky Burford

Partner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE **84/82/2009 65:00** CK: 1016 CT: 235721 BH: 1164071 1 8 25.00 = 25.00 ASSUM NAME # 1

