## CERTIFICATE OF ASSUMED BUSINESS NAME. (Please type or print legibly. See instructions on reperse.) 12 37 FH 198 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: MOUNTAIN-HORSE FEED + TACK 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Williams 16 FLICKER RD MOCHL ID 8363 JEFFREY A WILLIAMS 16 FLICKER RD MCCALL ID 83638 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Transportation and Public Utilities Manufacturing Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): \_\_ correspondence should be addressed: Mc()AZL MOUNTAIN-HORSE Submit Certificate of FEED & TACK Assumed Business Name and \$20.00 feeto: 14118 HWY 35 McCALL ID 83638 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODV IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 TAMMY L 1Dilliams 208 334-2301 16 FLICKER RD Secretary of State use only IDAHO SECRETARY OF STATE 05/19/1998 09:00 CK: 2681 CT: 98948 BH: 112843 Signature: 1 8 20.08 = 20.08 ASSUM MAME Printed Name: JEFFREY 49:11/4-445 D15121 Capacity: MADAGER

(see instruction # 8 on back of form)