

## 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. Please type or print legibly.

NOTE: See instructions on reverse before filing.

	CALLATE
The assumed business name which the undersigne	d use(s) in the transaction of
harana ja:	
Raft River Family St	ree
The true name(s) and <u>business</u> address(es) of the e	ntity or individual(s) doing
business under the assumed business name:	
<u>Name</u>	Complete Address
Kathrym Exickson HCZ	6 BOX 1090
Raft	RIFICE I DATIO
	832
Retail Trade Transportation and Positive Transportation and Positive Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West
Ratt River Family Store	PO Box 83720 Boise ID 83720-0080
HC76 BOX 1050	208 334-2301
Raft River, IDAHO 53211	
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	208 349 5746
Esthur Davelson	Secretary of State use only

Signature Printed Name Capacity: (see instruction #8 on back of form)

IDAHO SECRETARY OF STATE 12/05/2002 05:00 CK: 7627861447 CT: 158818 BH: 649565 1 8 28.98 = 28.88 ASSUM NAME # 2 1 8 20.00 =

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