

Capacity/Title: Owner

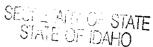
(see instruction # 8 on back of form)

## CERTIFICATE OF FILED/EFFECTIVE ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name MAY -9 PM 2: 13

<u>Please type or print legibly.</u>

NOTE: See instructions on reverse before filing.



	OF DATE
1. The assumed business name which the undersign	ned use(s) in the transaction of
business is:	
Hidden Lakes Waterspotts	
2. The true name(s) and business address(es) of the	entity or individual(s) doing
business under the assumed business name:	
<u>Name</u>	Complete Address
South L. Mac Kaben 141	Idaho Country Road
Seett L. Mac Kaben 141 Hope	e Id. 83836
· · · · · · · · · · · · · · · · · · ·	
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction	
Services Agriculture	Cubmit Codificate of
	Submit Certificate of Assumed Business
Manufacturing Mining	Name and \$20.00 fee to:
Finance, Insurance, and Real Estate	Maine and \$20.00 too to.
and the state of t	Secretary of State
	700 West Jefferson
correspondence should be addressed:	Basement West
Roth Mac Kaben	PO Box 83720
Bay 1/E	Boise ID 83720-0080
P.O 130X 43	208 334-2301
South Mackahen Bounds  p.o Box 45  Sandpoint Id. 83864	
5. Name and address for this acknowledgment	Phone number (optional):
CODY IS (if other than # 4 above).	208-304-9070
	Secretary of State use only
8	$\alpha \sim \alpha (\alpha)$
ignature: Scitt L. Mac Kaben  Scientific L. Mac Kaben  1000	05-4802
gnature: Cott & Man de & 8	
rinted Name: Scutt L. Mac Kaben	IDAHO SECRETARY OF STATE 05/09/2002 05:0
rinted Name: Scott L. Wear Rabert	CK: 2506 CT: 160286 BH: 464/
o o o o o o o o o o o o o o o o o o o	1 8 20.00 = 20.00 ASSUM NAME