

**CERTIFICATE OF ASSUMED BUSINESS NAME**  
 (Please type or print legibly)

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:

Trail Creek Spring's

2. The true name(s) and business address(es) of the entity or individual(s) doing  
 business under the assumed business name is/are:

Robert Kincaid Name

Complete Address

950 S 90 E

Victor ID 83455

3. The general type of business transacted under the assumed business name is:  
 (mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future  
 correspondence should be addressed:

Robert F. Kincaid

950 S 90 E

Victor ID 83455

5. Name and address for this acknowledgment  
 copy is (if other than # 4 above):

Key Blank N.C.

15 N Main

Driggs, Id 83422

Signature: Robert F. Kincaid

Printed Name: Robert F. Kincaid

Capacity: Bus. Owner

(see instruction # 8 on back of form)

Submit Certificate of  
 Assumed Business  
 Name and \$20.00 fee to:

Secretary of State  
 700 West Jefferson  
 Basement West  
 PO Box 83720  
 Boise ID 83720-0080  
 208 334-2301

Secretary of State use only

IDaho SECRETARY OF STATE  
 11/30/2001 05:00  
 CK: 992986885 CT: 90147 BH: 432017  
 1 @ 20.00 = 20.00 ASSUM NAME # 2

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