



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.

NOTE: See instructions on reverse before filing.

09 JUN 17 AM 8:39

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Raelea's Menageries

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

Name

Complete Address

Vala Rae Robertson

220 Ridwood Dr TETD 83401

Mara Lea Stephenson

405 4th St TETD 83401

3. The general type of business transacted under the assumed business name is:

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

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

Mara Lea Stephenson

405 4th St

Idaho Falls ID 83401

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: Mara Lea Stephenson
(signature required)

Printed Name: Mara Lea Stephenson

Capacity/Title: Partner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
06/17/2009 05:00
CK: 1000 CT: 150010 BH: 1175076
1 @ 25.00 = 25.00 ASSUM NAME # 2

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Revised 04/2003

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