



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.

FILED EFFECTIVE

2004 AUG 13 A 9:07

SECRETARY OF STATE
STATE OF IDAHO

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

IDAHO TROPHIES

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

Robert P. Thackeray

300 1216 Vista Blvd.

Racquel E. Thackeray

P.O. Box 1516

MSCALL ID 83638

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 checked="" 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:

IDAHO TROPHIES

P.O. Box 1516

MSCALL ID 83638

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

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

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

Phone number (optional):

(208) 634-9726

Secretary of State use only

Signature: Robert P. Thackeray

(signature required)

Printed Name: Robert P. Thackeray

Capacity/Title: Owner / Prop.

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
08/13/2004 05:00
CK: 513182483 CT: 158010 BH: 760767
1 @ 25.00 = 25.00 ASSUM NAME # 2

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