

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

02 MOV - | AM | 1: | | Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF IDAHO

D59591

Printed Name: SUSAN J. M. Crau (\$1.000 05:	 The assumed business name which the u business is: 	ndersigne	ed use(s) in the transaction of
Susan J. Mc Graw Tod A. Collins Susan J. Mc Graw Assumed business name: Name Tod A. Collins Susan J. Mc Graw Susan J. Mc Graw Lolla W. Jewell St. Poise, Idaho 83704 3. The general type of business transacted under the assumed business name is: Retail Trade	Berti's Boot	165	
Retail Trade	2. The true name(s) and <u>business</u> address(estabusiness under the assumed business name Name Tod A. Collins 430 N. Rustle St. Spokane, was 99305	s) of the ene: <u>Sus</u> <u>10119</u>	Complete Address San J. McGrau N. W. Jewell St. Se, Idaho 83704
Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Susan J. McGrau 1010 W. Jewell St. Poise, Tanno 23704 5. Name and address for this acknowledgment copy is (if other than #4 above): Susan J. McGrau Becretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 208 - 323 - 1670 Secretary of State use only	Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture		
correspondence should be addressed: Susan J. McGraw 1013 W. Jewell St. Poise, Idano 33704 5. Name and address for this acknowledgment copy is (if other than #4 above): Secretary of State use only	ManufacturingMiningFinance, Insurance, and Real Estate		Assumed Business
Copy is (if other than #4 above): 308-333-1670 Secretary of State use only	correspondence should be addressed:		700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
	 Name and address for this acknowledgme copy is (if other than # 4 above): 	ent	· · · · · ·
Signature:			Secretary of State use only
Trinted Name:	Drintad Name Colonal T MACA	bn formstabn.p65 17.2002	IDANO SECRETARY OF STATE
Capacity/Title: Business Partner 8 20.00 ASSUM MANE # 2	2 Part Day	p forms/al Revised (

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(see instruction #8 on back of form)