



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.
Instructions are included on back of application.

FILED EFFECTIVE

11 AUG -2 AM 9:15

SECRETARY OF STATE
STATE OF IDAHO

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

Can Ada Horse Boarding

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>	<u>Complete Address</u>
Oliver D. Storkan	22491 N. Can Ada Rd. Star Id. 83669
Carol A. Storkan	22491 N. Can Ada Rd. Star Id. 83669
Jeff D. Storkan	22491 N. Can Ada Rd. Star Id. 83669

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" 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:

22491 N. Can Ada Rd. Star Id. 83669

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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: [Signature]

Printed Name: Oliver D. Storkan

Capacity/Title: Owner/Operator

Signature: [Signature]

Printed Name: Jeff D. Storkan

Capacity/Title: Manager

IDAHO SECRETARY OF STATE
08/02/2011 05:00
CK: 815 CT: 261187 BH: 1284885
1 @ 25.00 = 25.00 ASSUM NAME # 2

D/49226