## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAMONOUS 13 160 50 50 50 50 50 50 50 50 50 50 50 50 50	
<ol> <li>The assumed business name which the business is:</li> </ol>	
QUARTER CIRCLE D J RANCH	
<ol><li>The true name(s) and business address( business under the assumed business n</li></ol>	(es) of the entity or individual(s) doing ame is/are:
Name James C. Warren	Complete Address 5655 W. FLOATING FEATHER RD. EAGLE, ID 83616
DAVID M. HARNEY	201 N. FIGUEROA #1300 LOS ANGELES,
3. The general type of business transacted under the assumed business name is:  (mark only those that apply)	
Retail Trade	
4. The name and address to which future Phone number (optional): 208-286-7131 correspondence should be addressed:	
QUARTER CIRCLE D J RANCH P. O. BOX 279	Submit Certificate of Assumed Business
EAGLE, ID 83616-0279	Name and \$20.00 fee to:
5. Name and address for this acknowledgm copy is (if other than # 4 above):	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
gnature James Chaven	11/13/1998 69#00 CK: 14525 CT: 196732 BH: 161273
	1 8 20.00 = 20.00 ASSUM NAME N 2
inted Name: JAMES C. WARREN	Sport Laboratory Co.
spacity: GENERAL PARTNER  (see instruction # 8 on back of form)	O19799

Sig Pri Ca