

Printed Name: Lore =

Capacity/Title: Yes.

(see instruction # 8 on back of form)

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. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Lynne Performance HORSES 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name Lorrie Lynne Johnke 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services HORSE Agriculture Submit Certificate of THAINING Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 700 West Jefferson correspondence should be addressed: Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 American Falls ID 83211 Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only

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IDAHO SECRETARY OF STATE 95/31/2095 95:90 CK: 1829 CT: 158010 BH: 813214 1 8 25.00 = 25.00 ASSUM NAME # 2

