



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
02 FEB 20 AM 9:03
STATE OF IDAHO

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

Youth Equestrian Educational Seminars

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>
<u>Marilee A. Lowe</u>	<u>9837 Rim Road, Nampa 83686</u>
<u>Angela Cyr</u>	<u>9835 Rim Road Nampa 83686</u>
<u>Vienna Ward</u>	<u>2524 Norman St. Caldwell 83605</u>

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:

Vienna Ward
2524 Norman St.
Caldwell, ID. 83605

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

same

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Phone number (optional):

454-1608

Secretary of State use only

Signature: Marilee Lowe

Printed Name: Marilee Lowe

Capacity/Title: Program Director

(see instruction # 8 on back of form)

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Revised 12/2001

IDAHO SECRETARY OF STATE
02/20/2002 05:00
CK: 2492 CT: 157565 BH: 447254
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 50277