

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned MAR 15 AM 8: 31 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

	Champa	gne Training Stables	
t. The true	e name(s) and business addres s under the assumed business Name	s(es) of the entity or individual(s) doing name:  Complete Address	
Karen Snider Butler		6504 Bowmont Road Nampa, ID 83686 6504 Bowmont Road Nampa, ID 83686	
David Butler			
Some Some Sourcespool	holesale Trade Construct Provices Agriculture Mining Mining Mance, Insurance, and Real Est are and address to which future and name should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720	
6504 B	owmont Road	Boise ID 83720-0080 208 334-2301	
	and address for this acknowledg (if other than # 4 above):	gment Phone number (optional):	

I 933/ CK: 12 1 0 25

IDAHO SECRETARY OF STATE Ø3/15/2005 Ø5:00 CK: 12638 CT: 158010 BH: 798579 1 0 25.00 = 25.00 ASSUM NAME # 1

