



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

2005 MAY -9 AM 9:24

STATE OF IDAHO

2005 MAY 26 09:13

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

Sage Crison Liv

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Rockie Sue Ivie

H.C. 66 P.O. Box 416 Kooskia, Id. 83534

Address not yet known out of home.

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:

Rockie Sue Ivie
H.C. 66 P.O. Box 416
Kooskia, Idaho 83534

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

Signature: Rockie Sue Ivie
(signature required)

Printed Name: Rockie Sue Ivie

Capacity/Title: OWNER

(see instruction # 8 on back of form.)

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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

*If you have
further questions
call*

Phone number (optional):

(208) 983-0067

Secretary of State use only

IDAHO SECRETARY OF STATE

05/26/2005 05:00

CK: 1253 CT: 150010 BH: 012725

1 @ 25.00 = 25.00 ASSUM NAME # 2

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