## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned JAN -8 AN 9: 01 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse bef	ore filing. SEALE OF IDAHO
The assumed business name which the ur business is:	ndersigned use(s) in the transaction of
- the LAZY TROUT LOS	)CE
The true name(s) and <u>business</u> address(es business under the assumed business name).	s) of the entity or individual(s) doing
<u>Name</u>	Complete Address
LINDA STOITZ-FOSTER	4771 Hwy 20 ISLAND PARK IN
RICHARD L. FOSTER	PO BOX 99
	MACKS INN IDAHO 83433
3. The general type of business transacted un	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
PO BOX 99	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
MARKSINN, IDAHO 83433	
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	Phone number (optional): FEB   530-239-7676 until FEB
2 REDDING CAL 96001	Secretary of State use only

IDAHO SECRETARY OF STATE 01/08/2004 05:00 CK: 896 CT: 158010 BH: 720594 1 0 25.00 ASSUM NAME # 2

1 530 229.7676 Phone Until FEB 1,2004

Capacity/Title: 00000

Signature Links Start facts

Printed Name: Linoa Stattz - FOSTEN

(see instruction # & on back of form)