

Signature:

Printed Name

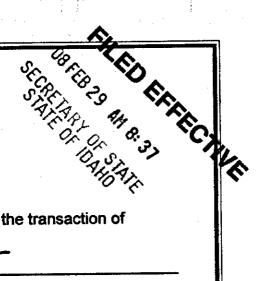
Capacity/Title:

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.



The assumed business name which the undersigned use(s) in the transaction of	
business is: Idaho Outdoor C	enter
2. The true name(s) and business address(es) of the business under the assumed business name: Name Tohn C Caccia PC	complete Address Box 4225 tchum, 1D 83340
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Tohu C Cacco Po Box 4225 Ketchum, 10 83340 5. Name and address for this acknowledgment copy is (if other than #4 above):	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 Phone number (optional): (208) 726-8709
	Secretary of State use only

Revised 04/2003

Caccia

owner

(see instruction # 8 on back of form)

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