Capacity: proprietor

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersioned in the gives notice of adoption of an Assumed Business Name.

1.	The assumed business name which the ur business is: Saddlery and L Vorks	eather	Craft - Pecalin
2.	The true name(s) and business address(es business under the assumed business name Name	ne is/are	:
			Main 57. hurst, Id. 87850
3.	The general type of business transacted ur (mark only those that apply)	nder the	assumed business name is:
	Retail Trade Wholesale Trade Services Manufacturing Agriculture Construction	g 🗌	Transportation and Public Utilities Finance, Insurance, and Real Esta Mining
4.	The name and address to which future correspondence should be addressed:		
	CalvinVort 27 Hunt Gukh Rd		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Name: Calvin E. Vark	Revision 1/98	Secretary of State use only IDAHO SECRETARY OF STATE 06/25/1999 09:00 CK: 2513 CT: 117297 BH: 228944 1 0 28.80 = 20.90 ASSUM NAME # 2

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