



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 JAN 28 AM 9:16

SECRETARY
STATE OF IDAHO

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

MT. BORAH RANCH

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

<u>Name</u>	<u>Complete Address</u>
<u>Wiley and/or Carolyn Smith</u>	<u>5872 Hwy 93, Mackay, ID 83251</u>
<u>Leon Smith</u>	<u>5872 Hwy 93, Mackay, ID 83251</u>
<u>STEVE and/or MICHELLE Smith</u>	<u>5914 Hwy 93, Mackay, ID 83251</u>

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 type="checkbox"/> Services | <input checked="" 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:

WILEY SMITH
5872 Hwy 93
MACKEY, ID 83251

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

Signature: Wiley F. Smith

(signature required)

Printed Name: WILEY F. SMITH

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

Phone number (optional):

208-588-2218

Secretary of State use only

6 Corp/formation forms tabn, p65
Revised 04/2003

IDAHO SECRETARY OF STATE
01/28/2005 05:00
CK: 3636 CT: 150010 BH: 789924
1 @ 25.00 = 25.00 ASSUM NAME # 2

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