



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2004 JUN -3 AM 9: 26

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Wagons West - Idaho (Wagons West - Idaho)

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

<p>Name <u>Mike Willardson</u></p>	<p>Complete Address <u>723 N. 4th Coeur D'Alene, Id 83814</u></p>
_____	_____
_____	_____

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 checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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:

Same as listed above
723 N. 4th Coeur D'Alene, Id 83814

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

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

Phone number (optional):

1-866-898-1158

Signature: _____

Printed Name: _____

Capacity/Title: _____

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn\form\labn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
06/03/2004 05:00
CK: 92332942300 CT: 150010 DN: 740495
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 76988