

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.

2006 AUG 24 AM 8: 42

SECRETARY OF STATE STATE OF IDAHO

| North Fork Taxidermy | |
|---|--|
| The true name(s) and business address(es) obusiness under the assumed business name: Name Raymond Dell Cropp Foreign | Complete Address |
| Sherry Diane Cropp | 12 Palo Rd Kingston, ID |
| | |
| The general type of business transacted unde | er the assumed business name is: |
| • | . ' |
| Retail Trade Transportation a Wholesale Trade Construction | nd Public Utilities |
| ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| The name and address to which future correspondence should be addressed: North Fork Taxidermy | Secretary of State 700 West Jefferson Basement West PO Box 83720 |
| P O Box 267 | Boise ID 83720-0080 |
| Kingston, ID 83839 | 208 334-2301 |
| Name and address for this acknowledgment | Phone number (optional): |
| COPY IS (if other than # 4 above): | 509-863-5471 |
| | Secretary of State use only |
| | Coolean, ground and only |
| I Name: KAYMOND B. CROPP ity/Title: Owner (see instruction # 8 on back of form) | IDAHO SECRETARY OF STATE BB/24/2006 05 = CK: 3573 CT: 158010 BH: 973 CK: 25.80 = 25.80 ASSUM NAI |