

Signature:

Printed Name:

Capacity/Title:

(signature required)

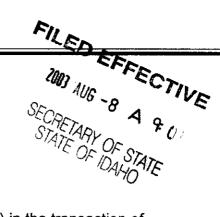
Jason Murray

(see instruction # 8 on back of form)

## **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:  Ranchers Haven	
. The true name(s) and business address(es business under the assumed business nam Name  Jason Murray	
<ul><li></li></ul>	der the assumed business name is:  and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Jason Murray  2318 North Chandra Way  Merriden ID	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):  Jason Murray	nt Phone number (optional):
921 210th Street North	Secretary of State use only
Fargo, N.D. 58103	290

IDAHO SECRETARY OF STATE

98/98/2003 05:00

CK: 3263 CT: 172122 BH: 695349

1 2 25.88 = 25.88 ASSUM MANE # 2