

CERTIFICATE OF ASSUMED BUSINESS NAME.

Pursuant to Section 53-504, Idaho Code, the undersigned Pursuant to Section 53-504, Idaho Code, Idaho Code

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

The assumed business name which the undersigned business is: OYOTE COVE CREAT	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name SHARON M, HALL MCC. JAMES F. HALL SA.	
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction	
ServicesManufacturingMiningFinance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: SHARON M. HALL 4055 S. MARSH CREEK MCCAMMON, ID 83250	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
	Secretary of State use only
Signature: Slarm on Hall Printed Name: SHARON M HALL Capacity/Title: Owner / M GR	IDAHO SECRETARY OF STATE 03/28/2003 05:00 CK: 5876 CT: 158919 BH: 671474 1 0 20.00 = 20.00 ASSUM NAME # 2