CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business National Control of IDAHO CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
1. The assumed business name which the undersigned use(s) in the transaction business is: Bear River Taxibermy	
The true name(s) and business address(es) of the entity or individual(s) debusiness under the assumed business name is/are: Name Complete Address	oing ,
SANSY Facer 11324 Purple 5 Middleton ID	age Rd 83644
3. The general type of business transacted under the assumed business nare (mark only those that apply) Manufacturing	ne is: Public Utilities
4. The name and address to which future correspondence should be addressed: Bear River Taxibermy 90 34NBY FACER 11324 Purple Sage Rd Middleton IS 83644 Secretary of State	e of ss O fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above): Boise ID 83720-0 208 334-2301	
Secretary of State of 10AHO SECRETARY OF 10AHO SECRETARY OF CX: 3892 CT: 9685 CX: 3892 CT: 9685 1 8 28.88 = 28.88	STATE 69 = 100 BM: 93886

D 13248

Capacity: Owner/operatoe

(see instruction #/8 on back of form)