CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)		
To th	he SECRETARY OF STATE, STATE OF IDAHO	00 JUL 13 PM 2: 04
10	Pursuant to Section 53-504, Idaho Code, the undersigned OF STATE gives notice of adoption of an Assumed Business Name. STATE OF IDAHO	
1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
	SI-ELLEN STABLES	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Name Comp	lete Address
	10011 5 111105, 1110	outh 800 East
	C 126479 Jeron	ne, Idaho 83338
3.	The general type of business transacted under the as (mark only those that apply)	sumed business name is:
r		ation and Public Utilities Insurance, and Real Estate
4.	The name and address to which future Phone correspondence should be addressed:	number (optional):
	Si-Ellen Stables 539 South 800 East Jerome, ID 83338	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgement	·
	copy is (if other than #4 above):	Secretary of State 700 West Jefferson
	J. Walter Sinclair Benoit, Alexander, Sinclair, Harwood & High, L.L.I	Basement West

Signature:

Printed Name: JOHN MICHAEL ROTH

Capacity:

President

Twin Falls, ID 83303-0366

P.O. Box 366

(see instruction #8 on back of form)

Boise ID 83720-0080 208 334-2301

28.00 = 29.98 ASSUM NAME # 2