

FILED EFFECTIVE

2004 SEP 20 AM 9:35

SECRETARY OF STATE OF IDAHO



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.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

CLEARWATER FIRETRAILS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

KARL BLEGEN

RHONDA BLEGEN

Complete Address

PO BOX 1684 OROFINO, ID 83544

PO BOX 1684 OROFINO, ID 83544

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

KARL BLEGEN

PO BOX 1684

OROFINO, ID 83544

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-476-3859

Secretary of State use only

Signature: Karl Blegen

(signature required)

Printed Name: KARL BLEGEN

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\corpforms\abn forms\abn.p65
Revised 04/2003

080195
IDAHO SECRETARY OF STATE
09/20/2004 05:00
CK: 900652143 CT: 150010 BH: 766003
1 @ 25.00 = 25.00 ASSUM NAME # 2