

Signature:

Printed Name: Kick

Capacity/Title: Menber Manager

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

CERTIFICATE OF  ASSUMED BUSINESS NA  Pursuant to Section 53-504, Idaho Code, the uncompanies of filing a certificate of Assumed Busines	dersigned 44 _
Please type or print legibly.  NOTE: See instructions on reverse before fili	ng.
The assumed business name which the undersignusiness is:  CREEK SIDE	gned use(s) in the transaction of
The true name(s) and business address(es) of the business under the assumed business name:  Name  Albion Country Store LLC  W29159	Complete Address 883 S HWY 77 P.O. Box 141 Albion, Idaho 83311
The general type of business transacted under to the Retail Trade Transportation and Wholesale Trade Construction	
Correspondence should be addressed:  Rich Redman  P.O. Box 141	Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  Rich Redman	Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080

IDAHO SECRETARY OF STATE
06/25/2004 05:00
CK: 1018 CT: 158010 BH: 752388
1 0 25.00 = 25.00 ASSUM NAME # 2