

Capacity/Title: OwnEn

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned part 189 22 48 8: 46

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

NOTE: See instructions on reverse before filing	9. STATE OF TDAHO
The assumed business name which the undersigned use(s) in the transaction of business is:  HORNET CREEK RANCH	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  ROBERT O REWERO  CA	Complete Address
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  2296 OCO Horwer Ro  Council TO \$36/2	
5. Name and address for this acknowledgment copy is (if other than # 4 above):  13366 CHICKEN DINNER RO  CALDWELL, FO 73607	Phone number (optional):  208-454-2785  Secretary of State use only
Signature: Rober ORENTRO	りずるろうり

IDAHO SECRETARY OF STATE

01/22/2004 05:00

CK: 163 CT: 158010 BH: 723976

1 P 25.08 = 25.00 ASSUM NAME # 2