

Capacity/Title: TREASURER

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

10 FEB 10 AM 8: 29

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

FILED EFFECTIVE

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

COUNTRY PIN	NE PIECEMAKERS	
. The true name(s) and business address(es business under the assumed business name	me:	
Name	Complete Address	
JANICE BAUMGARTNER	PO BOX 241 DEARY ID 83823	
BECKY FREDRICKSON	PO BOX 241 DEARY ID 83823	· · · · · · · · ·
. The general type of business transacted u	nder the assumed business name is:	a are the
Retail Trade Transportation  Wholesale Trade Construction	n and Public Utilities	· #·
Services Agriculture	Submit Certificate of	
Manufacturing Mining	Assumed Business	
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:	
. The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720	
COUNTRY PINE PIECEMAKERS	Boise ID 83720-0080	
PO BOX 241	(208) 334-2301	,
DEARY ID 83823	<u> </u>	İ
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5. Name and address for this acknowledgme		
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