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1	Pursuant to Se

ERTIFICATE OF MED BUSINESS NAME

2006 FEB 27 PM 2: 25

SELAL MAT JOAHO

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

(see instruction # 8 on back of form)

submits for filing a certificate of Assumed Business Nat	STATE OF IDAHU
Please type or print legibly. NOTE: See instructions on reverse before filing.	
The assumed business name which the undersigned business is: Halo Ranch Of	
2. The true name(s) and business address(es) of the elements business under the assumed business name: Name Torri Fingell 2729	ntity or individual(s) doing Complete Address
The general type of business transacted under the a Retail Trade Transportation and Pul	4.I
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Torn Angell 2725 E 600 10 St. Anglesay, T.D. 83445	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 Phone number (optional):
 Name and address for this acknowledgment copy is (if other than # 4 above). 	208 624-7777
	Secretary of State use only
Signature:	TNAHO SECRETARY OF STATE

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