



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2012 JUN -1 AM 9:02

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Swiftsure Ranch Therapeutic Equestrian Center

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

Name

Complete Address

Sagebrush Equine Training Center for the Handicapped, Incorporated
(C99535) Moving to: 114 Calypso Lane
Bellevue, ID 83313
100 Letter Buck Rd.
Hailey ID 83333

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 checked="" type="checkbox"/> Services | <input 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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

114 Calypso Lane
Bellevue, ID
83313

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

Signature: [Signature]

Printed Name: Don Leonardo

Capacity/Title: President, Board of Directors

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/01/2012 05:00
CK: 7721 CT: 271026 BH: 1326533
1 @ 25.00 = 25.00 ASSUM NAME # 2

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