

Signature:

Printed Name:

Capacity/Title: Owner

(see instruction # 8 on back of form)

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.

Please type or print legibly.

03 DEC - 1 PM 12: 38

SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: MOUNING OW! FARM 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 MARY E. ROHLFING 7020 PET HAVEN Lane 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** Moming-Owl Farm PO Box 83720 Pet Haven Boise ID 83720-0080 LN 208 334-2301 837Kg Rose ID 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than # 4 above): 208.387.0131 Secretary of State use only

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IDANO SECRETARY OF STATE 12/01/2003 05:00 CK: 3993 CT: 158010 BH: 714219 1 8 25.08 = 25.00 ASSUM NAME # 2

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