



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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



D119530

| NOTE: See instructions on reverse before filing. | DAKIATE | |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------|
| The assumed business name which the undersigned business is: | d use(s) in the transaction of | |
| Banta Red Angus | | |
| The true name(s) and business address(es) of the e business under the assumed business name: | ntity or individual(s) doing | |
| Name | Complete Address | |
| Stephanie Banta 2652 | . E. 900 N. Roberts Jd & | ALCH . |
| Weston Banta 2652 | E. 900 N. Property ld 8 | 344 |
| Stetson Banta ab52 | E 900 N. Roberts Id 9 | BYYY |
| 3. The general type of business transacted under the a | ssumed business name is: | |
| □ Retail Trade □ Wholesale Trade □ Construction □ Services □ Agriculture | | |
| ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business Name and \$25.00 fee to: | |
| The name and address to which future correspondence should be addressed: | Secretary of State 700 West Jefferson | |
| Stephanie Banta | Basement West PO Box 83720 | |
| 2162 E. 900 N. | Boise ID 83720-0080 | |
| Bobert ad 83444 | 208 334-2301 | |
| 5. Name and address for this acknowledgment | Phone number (optional): | |
| COpy is (if other than # 4 above): | (208)228-2557 | |
| | Secretary of State use only | |
| Signature: Stanon Ponto Signature required) Printed Name: Ste have Ponto Capacity/Title: pr-hev | | |
| Signature: (aignature required) | | |
| Printed Name: te prante banta | IDAHO SECRETARY OF STATE | |
| Capacity/Title: | 02/29/2008 65 200 CK: 8949 CT: 158818 BH: 1181985 1 8 25.88 = 25.88 ASSUM NAME # 2 | |