

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

04 MAY 19 AM 11: 19

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

SECRETARY OF STATE STATE OF IDAHO

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

The true name(s) and business add business under the assumed busin	lress(es) of the entity or individual(s) doing
Name	Complete Address 3000 Continental Drive - North
BASF Corporation	Mount Olive, NJ 07828-1234
C 80221	
3. The general type of business trans-	acted under the assumed business name is:
	portation and Public Utilities
Services Agric	ulture Submit Certificate of
☐ Manufacturing ☐ Minin	
Finance, Insurance, and Rea	Estate Name and \$25.00 fee to:
4. The name and address to which fur	ure Secretary of State
correspondence should be address	
BASF Corporation	Basement West PO Box 83720
3000 Continental Drive - North	Boise ID 83720-0080
Mount Olive, NJ 07828-1234	208 334-2301
5. Name and address for this acknow	/ledgment Phone number (optional):
COPy is (if other than # 4 above):	973 426 6857
	Secretary of State use only
Signature: (signature required)	Sed   Control   Control
Printed Name: Douglas E. Martin	IDAHO SECRETARY OF STATE
Capacity/Title: Assistant Secretary	95/19/2604 05:00 CK: 3210116869 CT: 4567 PH: 7459
(see instruction # 8 on back of form)	6 1 @ 25.80 = 25.80 ASSIM MANY

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