

CERTIFICATE OF ASSUMED BUSINESS NAME

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

JANAK

Printed Name: Do N

Capacity/Title: OWNFN

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the unders submits for filing a certificate of Assumed Business Name of Please type or print legibly. NOTE: See instructions on reverse before filing.	Name.
The assumed business name which the undersigned business is: DT Meats	
Mis	Complete Address 28 Brady Ashly Dr. Idleton, FD 83644
3. The general type of business transacted under the Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Signature: Don Land	Secretary of State use only

D70342

IDAHO SECRETARY OF STATE

11/06/2003 05:00

CK: 1539 CT: 158010 BH: 710273

1 0 25.00 = 25.00 ASSUM NAME # 2