



CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 OCT -7 AM 8:33

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

CAMPSTOOL LIVESTOCK

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

LARRY A. DAVIDSON

P.O. Box 446, EDEN, ID 83325

KATHY DAVIDSON

P.O. Box 446, EDEN, ID 83325

(749 S. EDEN ROAD, EDEN, ID)

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 type="checkbox"/> Services | <input checked="" 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:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

LARRY DAVIDSON

P.O. Box 446

EDEN, ID 83325

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

LARRY DAVIDSON

P.O. Box 446

EDEN, ID 83325

Signature: [Signature]

(signature required)

Printed Name: LARRY DAVIDSON

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
10/07/2008 05:00
CK: 14327 CT: 82634 BH: 1139081
1 @ 25.00 = 25.00 ASSUM NAME # 2

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