



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

FILED
MAY 27 AM 8:35
SECRETARY OF STATE
STATE OF IDAHO

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

Weekes Cattle

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

Ross Weekes

P.O. Box 237, Letha, Id 83636

Beulah
(Beth)Weekes

P.O. Box 237, Letha, ID 83636

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

Ross or Beth Weekes

P.O. Box 237

Letha, Id 83636

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

Zions Bank

P.O. Box 37

New Plymouth, Id 83655

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Beulah E. Weekes

Printed Name: Beulah E. Weekes

Capacity: OWNER (Manager)

(see instruction # 8 on back of form)

Secretary of State use only
IDAH SECRETARY OF STATE

05/27/1998 09:00
CL: 18379333 CT: 5620 IN: 114125

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 1/88

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