

## **CERTIFICATE OF ASSUMED BUSINESS NAME** Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2013 APR 17 AM 8: 54

submits for filing a certificate of Assumed Business Name. Please type or print legibly. Instructions are included on back of application.

SECRETARY C. STATE STATE OF IDAHO

JEPP LIVESTOCK  2. The true name(s) and <u>business</u> addr business under the assumed busine	ress(es) of the entity or individual(s) doing
Name	Complete Address
KENT JEPPESEN	PO BOX 70, CHESTER, ID 83421
BROOKE JEPPESEN	PO BOX 70, CHESTER, ID 83421
	Submit Certificate of Assumed Business
The name and address to which futu correspondence should be addresse KENT JEPPESEN     PO BOX 70     CHESTER, ID 83421	Ire Secretary of State
5. Name and address for this acknowle copy is (if other than # 4 above):	dgment
nted Name: KENT JEPPESEN	Secretary of State use only
npacity/Title: OWNER gnature: SWW KALSEN inted Name:	IDAHO SECRETARY OF STATE  94/17/2013 95:00

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Capacity/Title: