



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

06 MAR 22 AM 10:50

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Sonco

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

William D. Shepherd 6750 Brill Rd, New Plymouth, ID
BRANDON D. Shepherd 1033 Cherokee Emmett, 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 checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

~~6750 Brill Rd~~ Sonco
6750 Brill Rd
New Plymouth, ID. 83655

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

Phone number (optional):

278-3875
208) 863-6578 cell

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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

Secretary of State use only

Signature: William D. Shepherd

(signature required)

Printed Name: William D. Shepherd

Capacity/Title: Pres.

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
03/22/2006 05:00
CX: 757012 CT: 172099 BH: 944022
1 @ 25.00 = 25.00 ASSUM NAME # 2

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