## C

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. SECRETARY OF STATE STATE OF IDAHO				
1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
	S & S CUSTOMEN BUTCHERING			
2.	<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li></ol>			
	Name LARRY SHENTON		nplete Address EAST ST ANTHONY ID 83445	
	TERRY J SHENTON	635 NORTH 2300 1	EAST ST ANTHONY ID 83445	
3.	The general type of business transacted under the assumed business name is:  (mark only those that apply)			
	☐ Retail Trade       ☐ Manufactur         ☐ Wholesale Trade       ☒ Agriculture         ☐ Services       ☐ Construction	Fina	nsportation and Public Utilities ance, Insurance, and Real Estate ing	
4.	The name and address to which future Phone number (optional): 208-624-4727 correspondence should be addressed:			
	S & S CUSTOM BUTCHERING		Submit Certificate of	
	635 N 2300 E		Assumed Business Name and <b>\$20.00</b> fee to:	
	ST ANTHONY ID 83445		Secretary of State	
5.	Name and address for this acknowledgm copy is (if other than # 4 above):	ent	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	

Secretary of State use only

IDANO SECRETARY OF STATE DATE 05/07/1997 0900 90391 CUST# 81049 CK #: 1034 g corpiforms labr. pm6 RESUM NAME 18 20.00= 20.00

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Signature: Lany Shute

Printed Name: LARRY SHENTON

Capacity:\_\_

(see instruction # 8 on back of form)