CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly See instructions on reverse.)

(Flease type of print legibly. See instructions of reverse.)
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 100/16 Pt 2: 5 gives notice of adoption of an Assumed Business Name.
e assumed business name which the undersigned use(s) in the transaction of silesiness is:
WEEKS LIVESTOCK

7.	business is:			
	WEEKS LIVESTOCI	<		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	A. Kenyon WEEKS		nplete Address 157 Saith Ruper, Jo	
			159 South Rupert So	
3.	The general type of business transacted un (mark only those that apply)	nder the assu	med business name is:	
	 □ Retail Trade □ Wholesale Trade □ Services □ Construction 	Fin	insportation and Public Utilities ance, Insurance, and Real Estate ning	
4.	The name and address to which future correspondence should be addressed:	Phone number	r (optional): <u>408-436-6995</u>	
	WEEKS LIVESTOCK		Submit*Certificate of	
	100 WEST 159 SOUTH		Assumed Business	
	<i>A</i>		Name and \$20.00 fee to:	
	Kureer, lo 83350		Secretary of State	
	Name and address for this askers and adverse		700 West Jefferson	
Э.	Name and address for this acknowledgmen	NI	Basement West	
	COPY IS (if other than # 4 above):	1	PO Box 83720 Boise ID 83720-0080	
			208 334-2301	
			Secretary of State use only	
		8	<u>}</u> (,	

Signature:_ **Printed Name:**

Capacity:__

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE,

11/17/1998 Ø9:00 CK: 3228 CT: 68515 BH: 162943

1 @ 20.80 = 20.88 ASSUM MANE # 2

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