



# 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

2005 APR -7 AM 9:55

Please type or print legibly.

NOTE: See instructions on reverse before filing.

CLERK OF THE  
STATE OF IDAHO

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

Rockin T Bodeo Company

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

Larry Tillinghast

1381E 4400N Buhl, ID 83316

Jill Tillinghast

1381E 4400N Buhl, ID 83316

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 type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input checked="" 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:

Rockin T Bodeo Company  
1381E 4400N  
Buhl, ID 83316

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

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

Phone number (optional):

(208) 643-9114

Signature: [Signature]

Printed Name: Larry Tillinghast

Capacity/Title: Partner

(see instruction # 8 on back of form)

Secretary of State use only

9:\comp\information forms\abn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
04/07/2005 05:00  
CK: 99 CT: 158010 BH: 803254  
1 @ 25.00 = 25.00 ASSUM NAME

D86461