

Capacity/Title:

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## Please type or print legibly. Instructions are included on back of application.

CERTIFICATE	E OF
ASSUMED BUSIN	IESS NAME
Pursuant to Section 53-504, Idaho (	Code, the undersigned
submits for filing a certificate of Ass	sumed Business Name.
Please type or print leg Instructions are included on back	of application.
-	
business is:	the undersigned use(s) in the transaction of
DEEP	CREEK ANGUS RANCH
The true name(s) and <u>business</u> addr business under the assumed busines	ress(es) of the entity or individual(s) doing ss name:
<u>Name</u>	Complete Address
CAROL E THOMPSON	1387 DEEP CREEK RD
	POTLATCH, ID 83855-9777
	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Car Thompson  Printed Name: CAROL E THOMPSON  Capacity/Title: OWNER  Signature:	Secretary of State use only  IDAHO SECRETARY OF STATE
Printed Name:	05/18/2012 05:00 CK: 339977 CT: 158919 BH: 1324014 1 8 25.00 = 25.00 ASSUM HAME # 2

0155678 abn.pmd Rev. 07/2010