

CERTIFICATE OF ASSUMED BUSINESS NAME

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

07 NOV 19 AM 9: 58

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

1.	The assumed business name which the undersigned use(s) in the transaction of business is:				
	Mastitis Prevent	ion	Equipment		
2.	The true name(s) and business address(e business under the assumed business name	s) of the me:	entity or individual(s) doing		
	Name	=	Complete Address		
	Jennis Lee Habes	_20	10 Bennett Ary Bur	ley, ID	83318
	chan Ann Hakes	<u> </u>	5ane	_0,	
3.	The general type of business transacted u	nder the	assumed husiness name is:		
	Retail Trade Transportatio Wholesale Trade Construction		ıblic Utilities		
	☐ Wholesale Trade☐ Construction☐ Services☐ Agriculture	l			
	Manufacturing Mining		Submit Certificate of Assumed Business		
	Finance, Insurance, and Real Estate	.	Name and \$25.00 fee to:		
4.	The name and address to which future		Idaho Secretary of State		
	correspondence should be addressed:		450 N 4th Street PO Box 83720	,	
	Dennis and Jean Hatie	00	Boise ID 83720-0080		. !
	2010 Bonnett Ave		(208) 334-2301		
	Burley ID 83318				!
5.	Name and advisor for this columnia	•		.	
	Name and address for this acknowledgme copy is (if other than # 4 above):	ent			ľ
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			Secretary of State use only	I	-C-911-26-01-2
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Signati	ure: Ulltu	d uges			
_	Name: Dennis Hekes	g koopVormstabn formstabn.p65 Revised 04/2003			i
		formsta Revised	IDAHO SECRETARY O	F STATE	
Capac	ity/Title: Owner	(dico):	1 0 25.68 = 25.68 o	05:00 BH: 1085932 SSIM MONE : 2	1
	(see instruction # 8 on back of form)	ا ت		AND SHUE # 5	-

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