



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

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

09 APR -6 AM 8:12

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:

Tripps Mobile Butchering

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

Rodney Brent Tripp

49 So. 2nd E

Selina K Tripp

P.O. Box 301

Downey, ID 83234

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

Same as above

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Same as above

Secretary of State use only

R. Brent Tripp

Signature:

(signature required)

Printed Name: Rodney Brent Tripp

Capacity/Title: Partnership (owners)

(see instruction # 8 on back of form)

Selina K Tripp

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Revised 04/2003

IDaho SECRETARY OF STATE
04/06/2009 05:00
CK: 888 CT: 156010 BH: 1164446
1 e 25.00 = 25.00 ASSUM NAME # 2

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