



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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:

EAGLEPERCH ENTERPRISES

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

Jon G. ROBERTS

362N 2750E ST. ANTHONY ID 83445

DOROTHY M. ROBERTS

362N 2750E ST. ANTHONY ID 83445

WILLIAM G. ROBERTS

P.O. Box 922 WEST YELLOWSTONE MT. 59758

3. The general type of business transacted under the assumed business name is:

- ☒ Retail Trade
☐ Wholesale Trade
☐ Services
☐ Manufacturing
☐ Finance, Insurance, and Real Estate

- ☐ Transportation and Public Utilities
☐ Construction
☐ Agriculture
☐ Mining

4. The name and address to which future correspondence should be addressed:

Jon G. ROBERTS

362N 2750E 8

ST. ANTHONY ID. 83445

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208 624-3543

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____

Jon Guy ROBERTS

Capacity/Title: _____

PARTNER

(see instruction # 8 on back of form)

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Revised 09/2002

IDAH0 SECRETARY OF STATE
11/19/2002 05:00
CK: 3636 CT: 150010 BH: 646037
1 @ 20.00 = 20.00 ASSUM NAME # 2

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