



# 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.

10 APR -8 PM 1:52

SECRETARY OF STATE  
STATE OF IDAHO

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

Acevedo Arabians

- The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Aceco Land & Farm LLC  
(W28349)

51 North 200 East, Blackfoot, Idaho 83221

- 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 |  |

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

Suzanne Acevedo

51 North 200 East

Blackfoot, Idaho 83221

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

(same)

Signature:

*Daniel R. Acevedo*  
(signature required)

Printed Name:

Daniel R. Acevedo

Capacity/Title:

Attorney, and Member

(see instruction # 8 on back of form)

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

Secretary of State use only

g:\comp\information\form\idbn.ppt  
Revised 10/4/2003

IDAHO SECRETARY OF STATE  
04/08/2010 05:00  
CK: 5625 CT: 246867 BH: 1216861  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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