## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO



| Pursuant to Section 53-504, Idaho Code, the undersigned  Pursuant to Section 53-504, Idaho Code, the undersigned  gives notice of adoption of an Assumed Business Name. |   |
|---|---|
| 1. The assumed business name which the under  | Isigned use(space) 3 May 3- 84  |
| business is:  | SEURETARY OF STATE STATE OF IDAHO   |
| BROADBENT ARTS  | Owner of Appendix   |
| 2. The true name(s) and business address(es) of business under the assumed business name  Name  CARL D BROADBENT  JOHANNA M BROADBENT                                   | of the entity or individual(s) doing is/are:  Complete Address  958 W. Mourrain RD  PO. BOX 669  CASCADE, ID \$3611 |
| 3. The general type of business transacted under the assumed business name is:  (mark only those that apply)  |   |
| Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction  | Finance, Insurance, and Real E  |
| <ol> <li>The name and address to which future P<br/>correspondence should be addressed:</li> </ol>  | hone number (optional):   |
| C.D.BROADBENT   | Submit Certificate of<br>Assumed Business   |
| PO BOX 669  | Name and \$20.00 fee to:  |
| CASCADE, ID 83611   | Secretary of State 700 West Jefferson   |
| 5. Name and address for this acknowledgme   | 1   |
| 5. Name and address for the copy is (if other than # 4 above).  | PO Box 83720<br>Boise ID 83720-0080   |
| COPY IS (II other than 1  | 208 334-2301  |
|   | Secretary of State use only   |
|   | INMO SELVETARY & STATE  |
| Signature: 27 Devocher >  | 18/89/1998 85 12285   |
| Printed Name: C.D. BROADBENT  Capacity: DUNER / PROPRIETOR  (capacity: B on back of form)   | 1 6 50'M = 50'M WEER # 5  |
| Capacity: OWNER / PROPRIETOR  | D1803)  |
| (see instruction # 8 on back of form)   |   |