

Signature:

Capacity/Title:___

Printed Name: DONUAL

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

04 NOV 16 PM 2:39

SECRETARY OF STATE STATE OF IDAHO

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: Barnard Associates 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 Ysarnard 5858 Allendale Rd Wilder 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and **\$25.00** fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than # 4 above). Secretary of State use only

Revised 04/2003

25.00 ASSUM NAME