



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:

R & R Holsteins #3

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
<u>EDWARD ROSA</u>	<u>1772 E 1300 S. Gooding</u>
	<u>Idaho 83330</u>

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

R & R Holsteins #3
1944 S. 2100 E
Gooding ID. 83330

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

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

Phone number (optional):

208-934-5568

Signature: Edward Rosa
(signature required)

Printed Name: EDWARD ROSA

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\corp\forms\idaho\065
Revised 09/2002

FILED
EFFECTIVE
3007 11/27 5:10:14
11/27/2003 5:00
IDaho SECRETARY OF STATE
01/27/2003 05:00
CK: 7171 CT: 150010 BH: 659143
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 61823