CERTIFICATE OF ASSUMED BUSINESS NAME EFFECTIVE IFICATE OF ASSUMED BUSINESSON (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. State OF IDAHO 227 To the SECRETARY OF STATE, STATE OF IDAHO 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 undersigned use(s) in the transaction of ixon Livestock business is: 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: **Complete Address** I Jaho Falls IDA- SIXOV 436 Hickory Cin Name 833 e vomo I ixon 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Finance, Insurance, and Real Estate Manufacturing **Retail Trade** Agriculture Wholesale Trade Phone number (optional): 208-324-5568 Mining Construction Services 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson **Basement West** 5. Name and address for this acknowledgment PO Box 83720 Boise ID 83720-0080 COPY IS (if other than # 4 above) : 208 334-2301 Secretary of State use only Revision 1/96 **IDAHO SECRETARY OF STATE** 12/16/2002 05:00 X: 986878 CT: 158010 BH: 651542 Signature:_ CK : 8 20.00 ASSUM NAME # 2 corptioms/abn. Printed Name: > 60786 Capacity: 0012 (see instruction # 8 on back of form)