

## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

(see instruction # 8 on back of form)



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 business is:  Western Roping	undersigned use(s) in the transaction of ਯ
The true name(s) and business address business under the assumed business name     Name     Tames Cochran	Complete Address
3. The general type of business transacted (mark only those that apply)  Retail Trade Manufacture Wholesale Trade Agriculture	uring Transportation and Public Utilities
Services Constructi  4. The name and address to which future correspondence should be addressed:  Tames Cochran dha Western Rep.  P.O. Box 273  Eagle, IT 83616  5. Name and address for this acknowledge copy is (if other than # 4 above):	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
Signature: X James D Cochran  Capacity: Owner Monager	Secretary of State use only  IDAHO SECRETARY OF STATE  03/05/1999 09:00  CK: none CT: 112889 BH: 194195  1 8 28.88 = 28.88 ASSLM NAME # ?  D2373739