



# 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.

FILED/EFFECTIVE  
2003 FEB 10 AM 9:15

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

K & T MANURE TRANSPORT

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

KENT L CLAIBORN

3685 N 3600 E KIMBERLY, ID 83341

TIMMY R HOLLINGER

3801 N 4000 E HANSEN, ID 83334

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 |                                                              |

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

4. The name and address to which future correspondence should be addressed:

K & T MANURE TRANSPORT

3685 N 3600 E

KIMBERLY, ID 83341

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

Phone number (optional):

Secretary of State use only

Signature:

*Kent L Claiborn*  
(signature required)

Printed Name:

KENT L CLAIBORN

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE  
02/10/2003 05:00  
CK: 2306 CT: 90624 BH: 661907  
ASSUM NAME # 2

IDAHO SECRETARY OF STATE  
02/10/2003 05:00  
CK: 2091 CT: 122093 BH: 661904  
1 @ 10.00 = 10.00 ASSUM NAME # 2

D62322