



# 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**  
02 APR 29 AM 9:16  
STATE OF IDAHO

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

EATERS SUPPLY CO.

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

Leslie A Barkell

RR 2 Box 450 Silver Rd POC ID 83202

LARRY W BARKELL

"

Lee W BARKELL

"

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:

Eaters Supply Co.  
RR 2 Box 450 Silver Rd  
POC ID 83202

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):

208-637-0577

Secretary of State use only

Signature: Leslie A Barkell

Printed Name: Leslie A Barkell

Capacity/Title: CO-OWNER

(see instruction # 8 on back of form)

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Revised 01/2001

IDAHO SECRETARY OF STATE  
04/30/2002 05:00  
LN: 3209 CI: 158010 BH: 462465  
1 20.00 = 20.00 ASSUM NAME # 2

D 54453