

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

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.

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SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Roberts R	Complete Address SER JOHN SOLL JOHN SER JOHN SER POPEO LW
The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: SQUIREL LIVESTOCK	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
P.O. Box 320 WILDER Id 83676	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): 205-880~3338 208-482-4337
SAM!	Secretary of State use only

IDAHO SECRETARY OF STATE

10/02/2007 05 x 00

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