Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

11 MAR 11 AM 8 43

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. Instructions are included on back of application. SECRET BY OF STATE
STATE OF IDAHD

INVISIBL	E FENCE OF SOUTH	ERN IDAHO
2. The true name(s) and <u>business</u> a business under the assumed bus Name  STB, LLC  (W59783)	iness name:	ntity or individual(s) doing <u>Complete Address</u> ER FOX LANE, HAILEY, ID 83333
Wholesale Trade Cor	sportation and Pub estruction iculture ing	
The name and address to which correspondence should be addre     TRINA BENSON     PO BOX 3311		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
HAILEY, ID 83333		208 334-2301
5. Name and address for this ackno copy is (if other than # 4 above):	wledgment	
1/2		Secretary of State use only
gnature: <u>And Ownon</u>		
inted Name: TRINA BENSON		
apacity/Title:_MEMBER		
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inted Name:		CK: NO CK W CT: 256446 BH: 1263
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