

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 APR 17 AM 8: 30

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(es	s) of the entity or individual(s) doing
business under the assumed business nan Name	ne:  Complete Address
V DARRICK A BATER	1100 HOWELL RD
	TROY, IDAHO 83871
Wholesale Trade ☐ Construction Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  BATER DETRILING ☐ HOWELL RD ☐ TROU, IDAHD 8387 ☐	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080  (208) 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above):	Secretary of State use only
nted Name: DARFICK A SPITER	1DAHO SECRETARY OF STATE  04/17/2008 05:00
pacity/Title: OWNER (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  94/17/2008 05:00  CK: 1123 CT: 158818 BH: 111845  1 25.08 = 25.00 ASSUM MANE

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