



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2002 NOV 19 AM 8:41

Please type or print legibly.

NOTE: See instructions on reverse before filing.

DATE
2002

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

STOP Loss Predator Control

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Gary J. Plocher</u>	<u>P.O. Box 182</u>
<u>Suzanne J. Plocher</u>	<u>Mortgough, ID</u>
	<u>83344</u>

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 checked="" type="checkbox"/> Services | <input 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:

Gary J. Plocher
823 Oak St. N.
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: Gary Plocher

Printed Name: Gary J. Plocher

Capacity: Owner

(see instruction # 8 on back of form)

g:\corpforms\abn form\abn.p65 Revised 01/2001

IDAHO SECRETARY OF STATE
11/19/2002 05:00
CK: 1014 CT: 150010 BH: 646035
1 @ 20.00 = 20.00 ASSUM NAME # 2

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