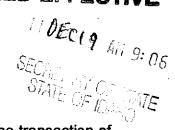


## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.



	RAFTER T LIVESTOCK			
2.	The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> ROBERT W PARKINS	ne: 1001 LAM	Complete Address B RD TROY ID 83871	
	KRISTA K PARKINS		1002 LAMB RD TROY ID 83871	
	The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Pub	· ·	
4.	The name and address to which future correspondence should be addressed:  ROBERT W PARKINS  1001 LAMB RD  TROY ID 83871		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgment copy is (if other than #4 above):	nt		
Signa	iture: Rolet W Ful		Secretary of State use only	
	ed Name: ROBERT W PARKINS			
	city/Title:_OWNER		TEAUS AFRACTAGE OF STATE	
Signature:			IDAHO SECRETARY OF STATE 12/19/2011 05:00 CK: 79215 CT: 265888 BH: 1382156	
Printed Name:			1 0 25.00 = 25.00 ASSUM HAME # 2	
Capacity/Title:			D151995	

abn.pmd Rev. 07/2010