

CERTIFICATE OF ASSUMED BUSINESS NAME

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

(see instruction #8 on back of form)

2005 AUG 22 AM 9: 09

SOTATE STATE

NOTE: See instructions on reverse bef	fore filing. SECRETARY OF STATE OF IDAHO
The assumed business name which the u business is:	indersigned use(s) in the transaction of
HBARH CATTLE COMP	YNA
2. The true name(s) and business address(e business under the assumed business na Name Pichaed Hollon	
3. The general type of business transacted u	under the assumed business name is: on and Public Utilities
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Clay R. Hollon 3127 US HWY 95 CAMBRIDGE, ID 83610	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent Phone number (optional): 208 257 34 ∞
	Secretary of State use only
Signature: Printed Name: CLAY RODNEY HOLLON Capacity/Title: MANAGER (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE OB/22/2005 05:00 CK: 1043 CT: 158010 BH: 967336 1 @ 25.00 = 25.00 ASSUM NAME # 3

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