CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

FILED EFFECTIVE

09 DEC -8 AH 10: 26

NOTE: See instructions on reverse	before filing. SECRETARY OF STATE STATE OF IDAHO
The assumed business name which the business is:	e undersigned use(s) in the transaction of
Broken Ar	row Fencing
The true name(s) and business address business under the assumed business Name	name:
	Complete Address
James Clinton Lappi	
	Nampa, 10 83651
3. The general type of business transacte Retail Trade Transport Wholesale Trade Construct	ation and Public Utilities
Services Agricultur Manufacturing Mining Finance, Insurance, and Real Est	Assumed Business
4. The name and address to which future correspondence should be addressed: Broken Arraw Fencing	450 N 4th Street PO Box 83720
Nampa, 1D 83651	(208) 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above):	gment
	Secretary of State use only
Signature:	G'scorpatometabn tomerabn per
Printed Name: James C. Lappin	Command of 2002
Capacity/Title: Oconec (see instruction # 8 on back of form)	- Septiment
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