

CERTIFICATE OF ASSUMED BUSINESS NAME

PACE SPEEDING

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

2003 JUL 17 PM 1:43

Please type or print legibly.
NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: Rafter 4 Feed Co		OF IDAHO"
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Patrick W. Bottles To By 7kk To Male Reference Referenc	 The assumed business name which the und business is: 	lersigned use(s) in the transaction of
Secretary of State use only Complete Address Complete Address	Rafter 4 Feed Co.	
3. The general type of business transacted under the assumed business name is: Retail Trade	 The true name(s) and <u>business</u> address(es) business under the assumed business name 	of the entity or individual(s) doing
3. The general type of business transacted under the assumed business name is: Retail Trade		
3. The general type of business transacted under the assumed business name is: Retail Trade	1 GTTTCK W. BAHTIPS	
3. The general type of business transacted under the assumed business name is: Retail Trade		
Retail Trade	2 The	
Wholesale Trade	3. The general type of business transacted und	ler the assumed business name is:
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Kafkr 4 Feed 6. You By 788 Home do leta 25 58 5. Name and address for this acknowledgment copy is (if other than # 4 above): Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): Secretary of State use only		and Public Utilities
Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Rafter 4 Feed Co. Rober 788 Hornoidale, 16 63628 5. Name and address for this acknowledgment copy is (if other than # 4 above): Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): Secretary of State use only		
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Rafter 4 Feed 6. PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): Copy is (if other than # 4 above): Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): Secretary of State use only		
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Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone and address for this acknowledgment copy is (if other than # 4 above): Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 208 337-559 Secretary of State use only	4. The name and address to which future	
Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment copy is (if other than # 4 above): Phone number (optional): 208 337-5589	1	Basement West
Home close, 3d 83638 5. Name and address for this acknowledgment copy is (if other than # 4 above): Phone number (optional): (208 334-2301 Phone number (optional): (208) 337-559 Secretary of State use only	20 Ry 700	·
5. Name and address for this acknowledgment copy is (if other than # 4 above): Secretary of State use only	Homedole. 78 83628	
	5. Name and address for this acknowledgmen	Phone number (optional): (208) 337-5529
		Secretary of State use only
Signature: Lat Pattle	Signature: Dat Battles	Mey 252
Printed Name: Patrice Battles CK: 104 CT: 171612 BH: 691688		IDANO SECRETARY OF STATE
Signature: Printed Name: Patrice Battles Capacity/Title: Owner Signature required:	Capacity/Title: Owner	CK: 104 CT: 171612 BH: 691600 1 8 25.00 = 25.00 ASSUM MANE # 2