



# 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.

NOTE: See instructions on reverse before filing.

08 AUG 21 AM 9:03

SECRETARY OF STATE  
STATE OF IDAHO

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

D AND D FARMS

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

Name

DIANE DENT PATE

DUANE DENT

Complete Address

171478 SANDHOLLOW RD, CALDWELL ID 83607

171478 SANDHOLLOW RD, CALDWELL ID 83607

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 type="checkbox"/> Services                            | <input checked="" type="checkbox"/> Agriculture              |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

4. The name and address to which future correspondence should be addressed:

DUANE DENT

17148 SANDHOLLOW RD

CALDWELL ID 83605

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 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):

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

DUANE DENT

Capacity/Title: \_\_\_\_\_

Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE  
08/21/2008 05:00  
CK: 173855 CT: 158810 BH: 1132490  
1 0 25.00 = 25.00 ASSUM NAME # 2

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