



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.

NOTE: See instructions on reverse before filing.

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

River D Fence

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

Brad DeFord

Complete Address

Rt 2 Box 17, Grangeville, Id 83530

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 checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input 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:

Brad DeFord
Rt 2 Box 17
Grangeville, Id 83530

5. Name and address for this acknowledgment copy is (if other than # 4 above):

H & H Service
117 W North St
Grangeville, Id 83530

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):

208-983-0096

Secretary of State use only

DS 2165

IDAH0 SECRETARY OF STATE
11/24/2004 05:00
CK: 800455046 CT: 183928 BH: 776311
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: Brad DeFord

(signature required)

Printed Name: BRAD DEFORD

Capacity/Title: Owner

(see instruction # 8 on back of form)