

FILED EFFECTIVE

227



## 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.**

09 DEC -2 AM 8:40

SECRETARY OF STATE  
STATE OF IDAHO

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

LABROUCHE LIVESTOCK

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

JEAN LABROUCHE

2629 KELLY TOPONCE, BANCROFT, ID 83217

TIFFANY LABROUCHE

2629 KELLY TOPONCE, BANCROFT, ID 83217

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 |                                                              |

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

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

LABROUCHE LIVESTOCK

2629 KELLY TOPONCE

BANCROFT, ID 83217

Phone number (optional):  
\_\_\_\_\_

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

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

Printed Name: JEAN LABROUCHE

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/02/2009 05:00  
CK: 1014 CT: 150010 BH: 1197529  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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