



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

10 JUL 21 AM 9:18

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Harrop Fence Products

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

<u>Name</u>	<u>Complete Address</u>
<u>Harrop Post and Pole LLC</u>	<u>4229 E 550N Rigby Id.</u>
<u>(W61928)</u>	<u>83442</u>

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 checked="" type="checkbox"/> Wholesale Trade | <input 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 | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Harrop Post & Pole LLC
4229 E 550N
Rigby Idaho 83442

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

Signature: Lee Ann Harrop

Printed Name: Lee Ann Harrop

Capacity/Title: Pres Account Payables Receivables

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

7-1240870

IDAHO SECRETARY OF STATE
07/21/2010 05:00
CK: 2516 CT: 158010 BH: 1231567
1 e 25.00 = 25.00 ASSUM NAME #