Capacity/Title:_

Member

(see instruction # 8 on back of form)

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.

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TO STATE OF STATE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name Scottlee Livestock, LLC 1916 Fillmore St., Caldwell, ID 83605	-	NOTE: See instructions on reverse particles. The assumed business name which the undersigned use(s) in the transact business is: Bradshaw Nutritional Service, LLC	1.
3. The general type of business transacted under the assumed business harners. Retail Trade		The true name(s) and business address(es) of the entity or individual(s) of the true name(s) and business address(es) of the entity or individual(s) of the entity	2
Signature: Let Background (signature required) Lee Bradshaw Phone number (optional): Phone number (optional): Phone number (optional): Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STA	ARY OF STATE 104 05 = 00 1887 BH: 727335	3. The general type of business transacted under the assumed business. Retail Trade	

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