Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

7012 MAY 21 POLIZ: 00 SECKE GRICL IN STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

2. The true name(s) and <u>business</u> address(ex business under the assumed business nar	
Name Alden E. Rose	Complete Address  84South 860 Road West Paul, Idaho 83347
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Alden E. Rose  845 860 Rd West  Paul Idaho 83347  5. Name and address for this acknowledgment copy is (if other than #4 above):	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
gnature: Men E, Rose	Socretary of State use only

abn.pmd Rev.07/2010

IDAHO SECRETARY OF STATE
05/21/2012 05:00
CK: 1000395 CT: 172099 BH: 1325023
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