## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

2012 NOV 21 AH 9: 1

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

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

1.	The assumed business name which the undersign business is:  **ROTHERS**	ed use(s) in the transaction of	
2.	The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  CONRAD BROTHERS OF IDAHO INC.  (C/33670)	entity or individual(s) doing  Complete Address  PO BOX 3432  HALLEY, IO \$3333	
3.	The general type of business transacted under the Retail Trade Transportation and Position Wholesale Trade Construction Services Agriculture Manufacturing Mining  Finance, Insurance, and Real Estate		
4.	The name and address to which future correspondence should be addressed:  PAUL CONRAD  POBOX 3/32  HALEY ID 83333	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):		
Signa	iture:	Secretary of State use only	
_	ed Name: PAWL CONRAD		
	city/Title: OWNER PRESIDENT		
	ture:	IDAHO SECRETARY OF STATE	
Printe	ed Name:	11/21/2012 05:00 CK: 18269 CT: 138774 BH: 1348432	
Canacity/Title:		1 8 25.00 = 25.00 ASSUM NAME # 2	

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Capacity/Title: