



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

09 APR -3 AM 8:37

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Don-De Holstein

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 |
|-----------------------|----------------------------|
| <u>Don Gilbert</u> | <u>114 N 1600 W</u> |
| <u>Debbie Gilbert</u> | <u>Blackfoot, Id 83221</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 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 | |

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

Don Gilbert
114 N 1600 W
Blackfoot, Id 83221

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
 700 West Jefferson
 Basement West
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

Phone number (optional):

Signature: Debbie Gilbert
(signature required)

Printed Name: Debbie Gilbert

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

D 129606

IDAHO SECRETARY OF STATE
 04/03/2009 05:00
 CK: 207 CT: 150010 BH: 1164269
 1 @ 25.00 = 25.00 ASSUM NAME # 2