

(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.

FILED EFFECT

2006 JUN 29 AM 9: 11

Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the business is:	e undersigned use(s) in the transaction of
2. The true name(s) and business address business under the assumed business  Name  Felor Remaine  Telon Rasin Irrigation S  Waayyy	name: Complete Address Porsox 830, Victor, ID 83455
Wholesale Trade Construct	ation and Public Utilities tion
<ul><li>Services</li><li>Agricultur</li><li>Manufacturing</li><li>Mining</li><li>Finance, Insurance, and Real Est</li></ul>	Assumed Business
4. The name and address to which future correspondence should be addressed:  1515 - POROX 830 - Victor, ID 83455	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowled copy is (if other than # 4 above).</li> </ol>	gment Phone number (optional):  208-709-7981
	Secretary of State use only
ignature: <u>Januaria required.</u> rinted Name. <u>POLIV KOMAIIR</u> apacity/Title: <u>Managar/Organiacr</u>	IDAHO SECRETARY OF STATE  66/29/2006 05:00  CK: 3462 CT: 201915 BH: 962785  1 0 25.00 = 25.00 ASSUM NAME #