

Signature:

Printed Name:

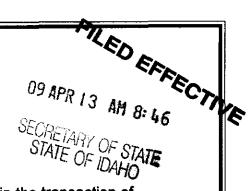
Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



business under the assumed business name:	The true name(s) and business address(es) of the entity or individual(s) doing	
Name Camille M Darrington	Complete Address 903 16th Ave East, Jerome, ID 83338	
Ryan N Darrington	903 16th Ave East, Jerome, ID 83338	
The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	A contract of the second of th	
Camille M Darrington	(208) 334-2301	
903 16th Ave East Jerome, ID 83338	(200) 007 200 (
Name and address for this acknowledgment copy is (if other than # 4 above):		

Apsomistation formstation, Revised 04/2003

(signature prouifed)
Camille M Darrington

Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE Ø4/13/2009 Ø5:00 CK: 1425 CT: 150810 BH: 1165668 1 0 25.00 = 25.00 ASSUM NAME # :