

CERTIFICATE OF ASSUMED BUSINESS NAME

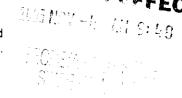
FILED FFFECTIVE

ID

833a

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 filir	ng.
The assumed business name which the undersign business is: Magic Valley Aeration	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Saac Poole 436	e entity or individual(s) doing Complete Address O 7 th Ave East Twin Falls
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 130 7th Ave F. Twin Falls ID 8330	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 530-200-6246
	Secretary of State use only
nature: Dans At Pool a	

Printed Name: ISaac H Poole

(see instruction # 8 on back of form)

Capacity/Title: Owner

IDAHO SECRETARY OF STATE

11/04/2005 05:00

CK: 160 CT: 158010 BH: 920537

1 0 25.00 = 25.00 ASSUM NAME # 2

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