## CERTIFICATE OF ASSUMED BUSINESS NAME

	CERTIFICATE OF ASSUME! (Please type of print legibly. See in:		SS NAME Sold of the page.)
Pu	CERTIFICATE OF ASSUMED BUSINESS NAME (Please type of print legibly. See instructions on other page.)  To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.		
bu	assumed business name which the undersigr usiness is: entillon Farms	ned uses(s) in th	ne transaction of
	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	<u>Name</u>		Complete Address
	mon M. Gentillon	790 North 450 East Firth, ld 83236	
	esley C. Gentillon	JOI East	700 North Firth, ld 83236
3. The (ma	general type of business transacted under the urk only those that apply)  Retail Trade  Wholesale Trade  Services  Manufacturing  Agriculture  Construction	Transpo	ness name is: rtation and Public Utilities Insurance, and Real Estate
	name and address to which future prrespondence should be addressed:	Phone number	(optional):
Ge	entillon Farms		Submit Certificate of
79	0 North 450 East		Assumed Business
Fir	rth, Id 83236	_	Name and \$20.00 fee to:
	e and address for this acknowledgement py is (if other than #4 above):		Secretary of State 700 West Jefferson
	FIRST SECURITY BANK N.A.		Basement West
	COMMERCIAL LOAN DOCUMENTATION C	ENTER	PO Box 83720
6	P.O. BOX 8203 BOISE, IDAHO/83767	, /	Boise ID 83720-0080 208 334-2301
Signature:	moffeld hely Deil		Secretary of State use only
Printed Name	: Lamon M. Gentillon/Wesley C. Gentillon		IDAHO SECRETARY OF STATE
Capacity:	General Partner/General Partner		01/16/1998 69:00
		l l	CK: 603051787 CT: 66269 BH: 73718

01089

0022046 HARMANIE TORON CONTRACTOR OF THE PERSON OF T