(see instruction # 8 on back of form)

Capacity: Dwner

| | (Please type or print legibly. So | ee instruction | s on reverse.) |
|--|--|----------------|--|
| | Te the SECRETARY OF STATE, STATE Bursuant to Section 53-504, Idah | 10 Code, the | undersigned to " |
| 1. | The assumed business name which the und | O + 3 | |
| | B SILVER ROSE | Dairy | |
| 2. | The true name(s) and business address(es) business under the assumed business name | | or individual(s) doing |
| | MICLIAEC GREEN | d 55 E | nplete Address |
| | Ashley GREEN | Burle | Py, ID. 83318 |
| 3. | The general type of business transacted un (mark only those that apply) | der the assu | med business name is: |
| | ☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction | | nsportation and Public Utilities ance, Insurance, and Real Estate ling |
| The name and address to which future Phone number (optional): correspondence should be addressed: | | | ' (optional): |
| | | | Submit Certificate of Assumed Business Name and \$20.00 fee to: |
| 5. | Name and address for this acknowledgmen copy is (if other than # 4 above): D.L. EUANS BANK O.D.C. L. D.L. T. | t | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| | Burley IN 83318 | 86 | Secretary of State use only IDAHO SECRETARY OF STATE |
| Signati | Gre: Only On A One and | Revision 1/98 | 67/62/1999 69:00 CX: 973663 CT: 1935 BH: 238992 |
| Printed Name: Ashley R. Green | | 59941 | 1 8 28.88 = 28.88 ASSUM NAME # 2 |
| Canacity: On and o | | stabn p65 | Daroar |