

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 MAR 30 AM 8: 41

SECRET BY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

business is:SPOOL'N AF	ROUND SPUD COUNTRY
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> HERMAN SCHMITZ	
Wholesale Trade Construc	ation and Public Utilities tion
Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: 1453 ANNY DR EAST, TWIN FALLS, ID 83301	Occietary of State
5. Name and address for this acknowledge copy is (if other than # 4 above):	yment
Signature: Human Somm	Secretary of State use only
Printed Name: HERMAN SCHMITZ	
Capacity/Title: OWNER	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	03/30/2011 05:00 CK: 984 CT: 158810 8H: 1266677 1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	T COTOD - COTOD HOOM WHE H C

abn.pmd Rev. 07/2010

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