CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

business is:	the undersigned use(s) in the transaction of E
GOODING FARMS	
2. The true name(s) and business address business under the assumed busines	ress(es) of the entity or individual(s) doing ss name is/are:
<u>Name</u>	Complete Address
JEFF GOODING	929 MOUNTAIN VW DR TWIN FALLS, ID 8330
PAULA GOODING	929 MOUNTAIN VW DR TWIN FALLS, ID 8330
	:
	cted under the assumed business name is:
(mark only those that apply)	
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Printed Name: JEFF GOODING

Capacity:

PARTNER

(see instruction # 8 on back of form)

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