



CERTIFICATE OF ASSUMED BUSINESS NAME

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 filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

J. & P. FARMS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

PAUL D. SLIGAR

3957 NORTH 2600 EAST, TWIN FALLS, ID 83301

PAUL D. SLIGAR, JR.

2551 EAST 4000 NORTH, FILER, ID 83328

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

PAUL D. SLIGAR
3957 NORTH 2600 EAST
TWIN FALLS, ID 83301

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

D. L. EVANS BANK
P. O. BOX 87
TWIN FALLS, ID 83303-0087

Phone number (optional):

Signature: *Paul D. Sligar*

(signature required)

Printed Name: PAUL D. SLIGAR/PAUL D. SLIGAR, JR.

Capacity/Title: PARTNERS

(see instruction # 8 on back of form)

Secretary of State use only

IDAH0 SECRETARY OF STATE
01/21/2003 05:00
CK: none CT: 24085 BH: 657986
1 @ 20.00 = 20.00 ASSUM NAME # 2

305 ACCT # 24085

D61617

Act. #24085
FILED DEFECTIVE
2003 JUN 21 11:51
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