

227



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.

FILED EFFECTIVE
FEB 18 AM 10:10
SIGNED
Name
SECRETARY OF STATE
STATE OF IDAHO
a.

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

A. West & Sons 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

Arthur W. West	2720 Bragg Rd. Am. Falls, Idaho
Doran A. West	2852 Garden Rd. Am. Falls, Idaho
Kim W. West	2644 Olive Rd. Am. Falls, Idaho

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☒ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate
- Submit
 Assume
 Name a

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

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

A. West & Sons Farms
2852 Garden Rd.
American Falls, Idaho 83211

**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):

Phone number (optional):

208-226-2671

Secretary of State use only

Signature:

Coran A. Webb
(signature required)

Printed Name: _____

Doran A. West

Capacity/Title:

Gen Partner

(see instruction # 8 on back of form)

2. Corp Morris Nelson Form 1041, p.65
Revised 28/2002

IDAHO SECRETARY OF STATE
02/18/2003 05:00
CK: 6684 CT: 158010 BH: 663363
1 @ 20.00 = 20.00 ASSUM NAME # 2

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