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CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS NAM	IE
Pursuant to Section 53-504, Idaho Code, the undersi	gned 2009 AUG 13 AM III US
submits for filing a certificate of Assurned Business N	
Please type or print legibly. NOTE: See instructions on reverse before filing.	STATE OF IDAHO
1. The assumed business name which the undersigned use(s) in the transaction of	
business is:	
Acor Farms Trucking	
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	
Acor Forms, 631	STEVEN Orive ID Falls 834
theorporated	
. c17445	
3. The general type of business transacted under the a	assumed business name is:
	j
Wholesale Trade Construction Cuck Services Agriculture	
	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Idaho Secretary of State
correspondence should be addressed:	450 N 4th Street PO Box 83720
Rith PARA	Bolse ID 83720-0080
636 STEVENS Dr.	(208) 334-2301
IDAHO FAILS ID 83401	
<ol> <li>Name and address for this acknowledgment copy is (fromer than #4 above):</li> </ol>	
	Secretary of State use only
$\mathcal{O} \mathcal{A} \mathcal{O} \mathcal{A}$	
Signature: Kith COO	
Printed Name: Kuth PACOR	
Capacity/Title:	
(see instruction # 8 on back of form)	IDAHD SECRETARY OF STATE
	Ø8/13/2009 05:00 CK: 296700 CT: 172099 DH: 1162619
	1 8 25.88 = 25.88 ASSUM NAME # 3
	D132844
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