227

Signature:

Capacity:

Printed Name: BRUCE D. NYBORG

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO ersigned Name.

	essumed busine less is:			_		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
busit	AGF	RITECH					
2. The 1	true name(s) and ness under the a				ntity or individ	ට dual(s) doing	
BRU	Nar CE D. NYBORG	<u>ne</u>		915 SOUT	Complete Ac	dress REXBURG, ID	834
3. The	reneral type of h	weinoss	transacted i	under the a	issumed husi	ness name is:	
(r) 	Retail Trade Wholesale Trade Services	niy)	Manufacturi Agriculture Construction	ng 🗌	Transportati	on and Public urance, and F	Utiliti
4. The r	nark only those that app Retail Trade Wholesale Trade	ss to wh	Manufacturi Agriculture Construction	ng 🗌	Transportati Finance, Ins Mining  Submit Assume	on and Public	Utiliti

IDAHO SECRETARY OF STATE

**07/31/2000 09:00** CK: 51215 CT: 121611 BH: 337452

1 8 20.00 = 20.00 ASSUM NAME # 2

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