Capacity: OWNER

(see instruction # 8 on back of form)

7	FECTIVE
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-504, Idaho Code gives notice of adoption of an Assumed	, the undersigned
 The assumed business name which the und business is: 	lersigned use(s) in the transaction of
W LAZY F DAIRY	
The true name(s) and business address(es) business under the assumed business name	
HAROLIS QUAST	Complete Address 54 \$ 5 450 E RupLis 4 FS 63318
SHARDON QUAST	546 S. 450 E. BUDLEY JA 83319
correspondence should be addressed:	der the assumed business name is: Transportation and Public Utilities Finance, Insurance, and Real Estate Mining none number (optional):
HAROLA GUAST 546 S 450 E BURLEY, ID 83318	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
5. Name and address for this acknowledgment copy is (if other than # 4 above): ZIONS RAMK, ATN: GREG-	700 West Jefferson
102 W. MAIN ST	I SANTO º SECORD FARMA TOFTU ST FATTE I Y
BURLEY, DD 83314	12/61/2000 69:00 CK: 713623128 CT: 86138 BH: 364155
Signature: Scall Sunt	20.00 = 20.00 ASSUM NAME # 2
Printed Name: HAROLD QUAST	ф

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