



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.

08 AUG -6 PM 3:56

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

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

Claiborne Investments

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

Bill Claiborne Estate

2651 S. 1050 E. Hagerman Idaho 83332

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 type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Timothy K Claiborne

6300 Colonial

Boise Idaho 83709

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Land Title & Escrow (attn. Becky Shubert)

706 Main Street P.O. Box 473

Gooding Idaho 83330

Signature: Timothy K Claiborne

(signature required)

Printed Name: Timothy K. Claiborne

Capacity/Title: Personal Representative

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
08/06/2008 05:00
CK: CASH CT: 158010 BH: 1130505
1 @ 25.00 = 25.00 ASSUM NAME # 2

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Revised 04/2003