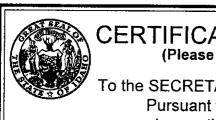
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CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE STATE OF IDAHO

	Pursuant to Section 53-504, Ida gives notice of adoption of an A	aho Code, the	undersigned 🔑 🐉
1.	The assumed business name which the unbusiness is:		se(s) in the transaction of
	Spring CREEK FAR	RMS	- S
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	DEE M. REYNOLDS	<u>Co</u> (344 N 3 55	mplete Address DE Ashlow Ida. 83420
	DAN W. REYNOLDS	1/7 14 3700	E ASHLONIAA. 83420
3.	The general type of business transacted u (mark only those that apply)	nder the assu	ımed business name is:
	☐ Retail Trade ☐ Manufacturin ☐ Wholesale Trade ☒ Agriculture ☐ Services ☐ Construction	Fin	ansportation and Public Utilities ance, Insurance, and Real Estate ning
4.	correspondence should be addressed:	Phone numbe	r (optional): <u>208-652-7409</u>
	DEE M. KEYNOLDS		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Ashton Tahho 83420 Name and address for this acknowledgment copy is (if other than #4 above):	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720
			Boise ID 83720-0080 208 334-2301
		2	Setimatysecreman of State
•	Colorest on	Revision 1/98	88/30/2000 09:00 CK: 52555 CT: 135483 BH: 345893
gnatu	re: Memold	*	1 8 20.08 = 20.00 ASSUM MANE # 2

Sig

Printed Name: Des M. Regnolds

Capacity: QAR TNER

(see instruction # 8 on back of form)

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