

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.

FILED EFFECTIVE

07 OCT 15 AM 8: 33
SECRETARY OF STATE
STATE OF IDAHO

Albion C	afe
The true name(s) and business address(es) of business under the assumed business name: Name Ambran, Inc.	f the entity or individual(s) doing Complete Address 340 N. Miller Avenue, Burley, ID 83318
. The general type of business transacted unde Retail Trade	•
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Ambran, Inc. 340 N. Miller Avenue Burley, ID 83318	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): Timothy J. Stover, Esq.	
P.O. Box 1716 Twin Falls, ID 83301-1716 gnature: W. Llewn H. Clabrick (signature required) William H. Aldrich apacity/Title: Secretary/Treasurer	Secretary of State use only Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 10/15/2007 05 a CK: 1925 CT: 286593 BH: 18 1 9 25.88 = 25.88 ASSUM N