

Printed Name: David

Capacity/Title: Owner

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

CERTIFICATE OF  ASSUMED BUSINESS NA  Pursuant to Section 53-504, Idaho Code, the und submits for filing a certificate of Assumed Busines  Please type or print legibly.  NOTE: See instructions on reverse before filing	ersigned s Name.
The assumed business name which the undersign business is:  B.B.A.N.d. Irrigation	
Name  David in Lewis 328  Dita  B. The general type of business transacted under the Retail Trade Transportation and Recognition	e assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  POBOL 1012  Shoshone ID B3352	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (308)-544-7548
ature:	Secretary of State use only

IDAHO SECRETARY OF STATE

04/21/2004 05:00

CK: 43828855719 CT: 158810 BH: 748529

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