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

Printed Name: Robert S Shillington

Partner

(see instruction # 8 on back of form)

Capacity:__

97 APR 29 AM To the SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and business address business under the assumed business r	s(es) of the entity or individual(s) doing
business under the assumed business r	
Name	idilic isaic.
	Complete Address
Robert S. Shillington	3156 Heatherwood, Twin Falls, Idaho 8330
Ronald Ambrose	2295 E 3100 S. Wendell, Idaho 83355
(mark only those that apply) Retail Trade	e
correspondence should be addressed:	
Double R Farms, A Partnership 380 Poleline Road	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Twin Falls, Idaho 83301	Secretary of State 700 West Jefferson
5. Name and address for this acknowledgr	
COPY IS (if other than # 4 above).	PO Box 83720
U.S. Bank	Boise ID 83720-0080 - 208 334-2301
P.O. Box 509	Secretary of State use only
Twin Falls, Idaho 83303-0509 //	782
ature; RUSSULT	IDAHO SECRETARY OF STATE DATE 04/29/1997

CX #: 1395 ASSUM NOME 10 20.00= 20.00

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