| CERT | TIFICATE OF ASSU | JMED BUSINESS NAM | 1E |
|-------------|--------------------------------|-------------------------------|----|
| l | (Please type or print legibly. | See instructions on reverse.) | r |

| Pursuant to Section 53-504, Idal gives notice of adoption of an As | ho Code, the undersigned |
|--|---|
| 1. The assumed business name which the unbusiness is: | |
| 2. The true name(s) and business address(es business under the assumed business name Name Utture Ture blood | |
| 3. The general type of business transacted un (mark only those that apply) Retail Trade Manufacturing Modesale Trade Agriculture Services Construction | |
| The name and address to which future P correspondence should be addressed: | hone number (optional): Submit Certificate of |
| 5. Name and address for this acknowledgmen copy is (if other than # 4 above): D. L. EVANS BANK | Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson |
| P.O. BOX 1188 BURLEY, IDAHO 83318 Simpature: Children C | Secretary of State use only 1DAHO SECRETARY OF STATE 28/17/2666 69:66 CK: 39268 CT: 24085 RH: 341928 |
| Printed Name: CLET 45R, TR4FLOOD | 1 8 26.88 = 28.88 ASSUM NAME # 2 |
| Canacity: | 99 (A) |

(see instruction # 8 on back of form)