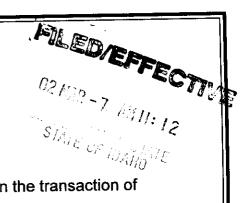


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



		WAND OF
 The assumed business name which the under business is: 	rsigned us	se(s) in the transaction of
LLOYDS Barber		
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name (see ye [m, k]]	<u>C</u>	Complete Address 834
3. The general type of business transacted under	er the assi	umed business name is:
Retail Trade		Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
Name and address for this acknowledgmen copy is (if other than # 4 above).	it.	,
Farmers & Merchants State Bank 112 2nd Street South Nampa, ID 83651	. p65	Secretary of State use only
Signature: Printed Name: See instruction # 8 on back of form)	g:corptomstabn formstabn.p65 Revised 01/2001	IDAHO SECRETARY OF STATE 03/07/2002 05:00 CK: 66615 CT: 45880 BH: 458497 1 @ 20.00 = 20.00 ASSUM NAME # 2
	<u></u> !	$\mathcal{L}\mathcal{L}\mathcal{L}\mathcal{L}\mathcal{L}\mathcal{L}\mathcal{L}\mathcal{L}\mathcal{L}\mathcal{L}$