

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

OBMAY-5 PH 1:14
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

business is:	
2. The true name(s) and business address(business under the assumed business name	ame:
Probasco DiversifiedI	Complete Address
(C178020)	Twin Falls ID 8830/
3. The general type of business transacted	under the assumed business name is:
M Retail Trade Transportate Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Probasio Diversified Kelly Probasio Pres. 3009 E 3400 N Twin Falls Zp 8330/	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment
**************************************	Secretary of State use only
nature: Kelly Probasco pacity/Title: Leadert (see instruction #8 on back of form)	- Source State - University of State - Unive

D121566