

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

2004 MAY 12 PM 1:57

1. The assumed business name which the undersigned use(s) in the transaction of business is:

High Plains Desert Management

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name Victoria Gillispie Complete Address 1153 Indianhead Rd
Wiser, ID 83072

3. The general type of business transacted under the assumed business name is:
 (mark only those that apply)

☐ Retail Trade ☐ Manufacturing ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Agriculture ☐ Finance, Insurance, and Real Estate
☒ Services ☐ Construction ☐ Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-549-0193

High Plains Desert Management
P.O. Box 304
Wiser, ID 83072

5. Name and address for this acknowledgment copy is (if other than #4 above):

Bank of the West
34 E. Main
Wiser, ID 83072

Signature: Victoria Gillispie

Printed Name: VICTORIA GILLISPIE

Capacity: OWNER

(see instruction # 8 on back of form)

Submit Certificate of
 Assumed Business
 Name and \$20.00 fee to:

25.00

Secretary of State
 700 West Jefferson
 Basement West
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

Secretary of State use only

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IDAHO SECRETARY OF STATE
 05/12/2004 05:00
 CK: 9901 CT: 150010 BH: 744653
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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 Revline 2/97