CERTIFICATE OF ASSUMED (Please type or print legibly. See inst	BUSINESS NAME ructions 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.	
1. The assumed business name which the undersigned use(s) in the transaction gr	
business is:	undersigned dse(s) in the transaction କା ଏକ କ
G FIVE SALES	
2. The true name(s) and business address(es) of the entity or individual(s)	
Name	Complete Address
LELAND GROESBECK	1940 MSt. Heyburn, ED. 83336
JO E. GROESBECK	
 The general type of business transacted under the assumed business name is: (mark only those that apply) 	
📃 Retail Trade 🔲 Manufacturi	ng 🔲 Transportation and Public Utilities
Wholesale Trade Agriculture	Finance, Insurance, and Real Estate
X Services X Construction	n 🗌 Mining 👘
4. The name and address to which future Phone number (antional)	
 I he name and address to which future Phone number (optional):	
	·
	Submit Certificate of
	Assumed Business Name and \$20.00 fee to:
	Secretary of State
Name and address for this acknowledgme	ent 700 West Jefferson Basement West
COPY IS (if other than # 4 above):	PO Box 83720
D.L.EVANS BANK	Boise ID 83720-0080
2281 OVERLAND AVE	208 334-2301
BURLEY, ID. 83318	Secretary of State use only
ρ ρ H L L	IDAHO SECRETARY OF STATE
Signature: Liland Molesbeck	CK: 973480 CT: 1935 BH: 214847
Printed Name: Leland Groesbeck	1 8 28.88 = 20.88 ASSUM MANE # 2
Capacity: <u>Owner</u>	D25895
(see instruction # 8 on back of form)	1 ° 20.00 = 20.00 ASSUM HAME # 2