



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.

FILED/EFFECTIVE

02 APR 17 AM 8:44

SECRETARY OF STATE
STATE OF IDAHO

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

Chimera

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

Name

Complete Address

Randy Shank
Tracee Shank

2285 E 3800 N
" "

3. The general type of business transacted under the assumed business name is:

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

4. The name and address to which future correspondence should be addressed:

Randy Shank
P.O. Box 702
Ellettsville, ID 83328

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

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

Phone number (optional):

208 326-3295

Signature: Randy Shank

Printed Name: Tracee J Shank

Capacity: Randy E. Shank

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpform\albn form\albn.p65
Revised 01/2001

IDAHO SECRETARY OF STATE
04/17/2002 05:00
CK: 4048 CT: 158810 BH: 459871
1 @ 20.00 = 20.00 ASSUM NAME # 2

RANDY E. SHANK

D 54055