## FILED EFFECTIVE



## CERTIFICATE OF ASSUMED BUSINESS NAME

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

07 AUG 16 AM 8: 23

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SWORE FARMS	
The true name(s) and business address(es) business under the assumed business name     Name	of the entity or individual(s) doing e: Complete Address
MICHAEL J. SWORE	RRT 2 BOX 175, POCATELLO, ID 83202
WENDY SUE SWORE	RRT 2 BOX 175, POCATELLO, ID 83202
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  MICHAEL J. SWORE SWORE FARMS	Submit Certificate of Assumed Business Name and \$25.00 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):  ZIONS BANK	at .
PO BOX 54  RIGBY, ID 83442	Secretary of State use only
nature:  (signature fequired)  Attend Name: Michael J. Swore Wendy Sue Swore	DIVAC  SECRETARY OF STATE  OB/16/2007 05:  CK: 589118485 CT: 191989 BH:
pacity/Title: Owner Owner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  98/16/2007 05 = ( CK: 589118485 CT: 191989 BH: 1 1 8 25.88 = 25.80 ASSUM NAM