



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

09 AUG 13 PM 4:31

SECRETARY OF STATE  
STATE OF IDAHO

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

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

RMOC

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

<u>Name</u>	<u>Complete Address</u>
<u>Rocky Mountain oil cooperatives LLC</u>	<u>3384 W 3200 N MOORE ID</u>
<u>W23120</u>	<u>83255</u>

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

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade          | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

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

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

RMOC - Lyndon Felton

Box 835

ARCO ID 83213

Phone number (optional):

208 589-7532

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

\_\_\_\_\_

\_\_\_\_\_

Signature: Lyndon Felton  
(signature required)

Printed Name: Lyndon Felton

Capacity/Title: Member

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE  
08/14/2003 05:00  
CK: 1236 CT: 150010 BH: 696253  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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