



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned, Don Jolley, ID: 17
gives notice of adoption of an Assumed Business Name.

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

West Shamrock Farms

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

Neil O'Brien Name

Complete Address

PO Box 103 Springfield, Id 83277

Don Jolley

11415 2200 W Aberdeen, Id 83310

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

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

Kathi Helm

535. 1200 W

Blackfoot, Id

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):

Secretary of State use only

Signature: Don Jolley

Printed Name: Don Jolley

Capacity: _____

(see instruction # 8 on back of form)

Revision 1298

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11/19/2001 05:00
CK: 883 CT: 153713 BH: 430326
1 @ 20.00 = 20.00 ASSUM NAME # 2

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