CERTIFICATE OF ASSUMED BUSINESS NAME

RTIFICATE OF ASSUMED DOCINGE page.)
(Please type of print legibly. See instructions on other page.)

To the SECRETARY OF STATE, STATE OF IDAHO

General Partner/General Partner

(see instruction # 8 on other sheet)

Capacity:

Pursuant to Section 53-504, Idaho Code, the undersigned

SECRETARY OF STATE

gives notice of adoption of an Assumed Business Name.	WAHO
The assumed business name which the undersigned uses(s) in business is: Tominaga Farms Partnership	the transaction of i
tay tominage	ividual(s) doing <u>Complete Address</u> gonwheel Drive Blackfoot, Id 83221 100 North Blackfoot, Id 83221
Notal Hado	usiness name is: ortation and Public Utilities e, Insurance, and Real Estate
4. The name and address to which future Correspondence should be addressed: Tominaga Farms Partnership 1448 West 100 South Blackfoot, Id 83221	Submit Certificate of Assumed Business Name and \$20.00 fee to:
 Name and address for this acknowledgement copy is (if other than #4 above): FIRST SECURITY BANK N.A. COMMERCIAL LOAN DOCUMENTATION CENTER P.O. BOX 8203 BOISE, IDAHO 83707 	Secretary of State 700 West Jefferson Basement West PO BOX 83720 INAME SECRETARY OF STATE Boise ID 83720-0080 1015940439469 BH: 68674
Signature: Ray January Ruhaud Comunage Printed Name Ray Tominaga/Richard Tominaga	1 9 20.88 = 28.98 ASSUM NAME Secretary of State use only