

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.

OTF: See instructions on reverse before filing.

2007 MAY -3 AM 10: 04

SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse before i	ming.
The assumed business name which the under business is: RAFT RIVER	
2. The true name(s) and business address(es) of business under the assumed business name: Name Stephan Land & Liketock LiC (W 767)	Complete Address 345 N. Yale Rd Ameriman Falk, ID 83211
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: RAFT RIVER SOD 345 N. Ugle Kd. Amerian Falls ID 83211 5. Name and address for this acknowledgme copy is (if other than # 4 above):	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
Signature: Jum (signature required) Printed Name: Jun Steadman Capacity/Title: Manger (see instruction # 8 on back of form)	Secretary of State use only 1000