CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)



Pursuant to S gives notice of	OF STATE, STATE Of Section 53-504, Idaho Confederation of an Assum	ode, the under led Business N	BINGED SEEDS
1. The assumed but business is:		undersก็ก็คือ นี่เ	TDAH0 se(s) in the transaction of
) and business address he assumed business n		y or individual(s) doing
OSCAR THOMAS WILLIAMSON IL		Complete Address 100 S ROUND VALLEY WAMPA 10 83687	
The general type (mark only those th	of business transacted	under the assu	imed business name is:
☐ Retail Trade ☐ Wholesale T ☐ Services	rade	Fin	ansportation and Public Utilities nance, Insurance, and Real Estate ning
	ddress to which future should be addressed:	Phone numbe	r (optional): <u>859 8526</u>
OSCAR T WILLIAMSON II			Submit Certificate of Assumed Business Name and \$20.00 fee to:
Name and address for this acknowledgment copy is (if other than # 4 above):			Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
			Secretary of State use only
	4/0/2	8	11/96/1997 09:00
nature:	AO TOUR LANGE		CK: CASH CT: 89499 BH: 53449
nteg Name:	ART WILLIAMSON	'∐ Secure	705310

Sig

Pri

Capacity: YRESITEN!

(see Instruction # 8 on back of form)

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