

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

09 0CT 26 PM 1: 36

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

EAST RIV	/ER FARM	1S	
The true name(s) and business address(es) business under the assumed business name Name DENNIS CLAYSON TYLER CLAYSON			
3. The general type of business transacted un	nder the a	assumed business name is:	
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: DENNIS CLAYSON 11169 N 5TH W IDAHO FALLS, ID 83401 5. Name and address for this acknowledgments		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 Phone number (optional):	
COPY IS (if other than # 4 above).		Secretary of State use only	
Printed Name: DENNIS CLAYSON Capacity/Title: OWNER	g.corp/forms/abn forms/abn.p65 Revised 04/2003	IDANO SECRETARY OF STATE 10/26/2009 05:00 CK: 6798 CT: 187892 BH: 1192658	