227

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 .
NOTE: See instructions on reverse before filing.

2004 NOV 24 AM 8:59
STATE OF IDAHO

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

   CROOKED TREE RANCH

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

Name	Complete Address
STEVE WILKIE	1801 BENNETT AVE BURLEY, ID
KATHY WILKIE	1801 BENNETT AVE BURLEY, ID

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☐ Services
- ☐ Manufacturing
- ☐ Finance, Insurance, and Real Estate
- ☐ Transportation and Public Utilities
- ☐ Construction
- ☒ Agriculture
- ☐ Mining

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
208334-2301

4. The name and address to which future correspondence should be addressed:

   STEVE WILKIE
   1801 Bennett Ave
   Burley ID 83318

5. Name and address for this acknowledgment copy is (if other than #4 above):

   D L Evans Bank
   P.O. Box 1188
   Burley ID 83318

Phone number (optional) : _____

Signature: Steve C Wilkie
(signature required)

Printed Name: STEVE C. WILKIE

Capacity/Title: OWNER
(see instruction #8 on back of form)

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Revised 04/2003

Secretary of State use only

D 82182

IDAHO SECRETARY OF STATE
11/24/2004 05:00
CK: 9074159 CT: 158010 BH: 778398
1 @ 25.00 = 25.00 ASSUM NAME # 2