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

FILED/EFFECTIVE

'01 FEB -8 AM 9: 16
SECRETARY OF STATE
STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

   North West Bio Magic

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

Name	Complete Address
John Wiersma	768 Canyonrim Rd. Twin Falls, ID 83301
Lyle Johnstone	229 E 100 S Jerome ID 83338

3. The general type of business transacted under the assumed business name is:
   (mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

   N.W. Bio Magic / Lyle Johnstone
   229 East 100 South
   Jerome ID 83338

   Submit Certificate of Assumed Business Name and **$20.00** fee to:

   Secretary of State
   700 West Jefferson
   Basement West
   PO Box 83720
   Boise ID 83720-0080
   208 334-2301

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

   DL Evans Bank
   Attn: Heather Gilther
   980 S Lincoln
   Jerome, ID 83338

   Signature: _Lyle Johnstone_

   Printed Name: _Lyle Johnstone_

   Capacity: _Co Owner / operator_
   (see instruction # 8 on back of form)

Revision 1/98
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