



# 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.**

2002 JUN 10 AM 9:20  
SECRETARY OF STATE  
STATE OF IDAHO

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

FRANK A. BORNEMAN AND DOROTHY E. BORNEMAN FAMILY PARTNERSHIP

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

FRANK A. BORNEMAN AND DOROTHY E.

2242 EAST 1700 SOUTH

BORNEMAN FAMILY PARTNERSHIP, L.P.

GOODING, IDAHO 83330

(L-4839)

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

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input checked="" type="checkbox"/> Agriculture              |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

FRANK A. BORNEMAN

DOROTHY E. BORNEMAN

2242 EAST 1700 SOUTH, GOODING, ID 83330

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):

RUSSELL G. KVANVIG

STEPHAN, KVANVIG, STONE & TRAINOR

P. O. BOX 83, TWIN FALLS, ID 83303-0083

Phone number (optional):

Signature: Frank A. Borneman

(signature required)

Printed Name: FRANK A. BORNEMAN

Capacity/Title: GENERAL PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE  
06/11/2002 05:00  
CK: 699 CT: 4894 BH: 478744  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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