month, minetite for anthresize the transfer of any medical properties of any solutions of the solutions of t

	CERTIFICATE OF ASSUM (Please type or print legibly. S	ee instructio	ns on reverse.)
To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the Shifesighe M 1: 55			
gives notice of adoption of an Assumed Business Name.			
1.	The assumed business name which the und business is:	dersigned us	e(s) thithertherthertherthon of
	BMS FARMS		
	M.M		
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	Cor	nplete Address
	CAROL M. BAGNALL	<del></del>	AN, RUPERT, ID 83350
	NORMAN L. BAGNALL N. BRUCE BAGNALL		AN, RUPERT, ID 83350 AN, RUPERT, ID 83350
			RD. CAVE CREEK, AZ 85331
	LEAH RAE SMITH 8	325 n 200 w.	RUPERT ID 83350
	KELLY B. MOLLER 6	5323 s 530	E, MURRAY, UT 84107
3.	The general type of business transacted un (mark only those that apply)	der the assu	med business name is:
	<ul> <li>☐ Retail Trade</li> <li>☐ Wholesale Trade</li> <li>☐ Services</li> <li>☐ Construction</li> </ul>	Fin	insportation and Public Utilities ance, Insurance, and Real Estate ning
4.	The name and address to which future Pl correspondence should be addressed:	hone number	(optional):
	BMS FARMS		Submit Certificate of
	_		Assumed Business
	571 N MERIDIAN		Name and \$20.00 fee to:
	RUPERT, IDAHO 83350		Secretary of State
5	Name and address for this acknowledgmen	t	700 West Jefferson Basement West
٥.	COPY IS (if other than # 4 above):	``	PO Box 83720
	to the distribution of the second of the sec		Boise ID 83720-0080
			208 334-2301
		50	Secretary of State use only
		Q/-	IDAHO SECRETARY OF STATE
Signati	Ire: Marmon of Bannall	Revision 1/98	12/61/1998 @9:00 CK: 291 CT: 187485 BH: 166899

Printed Name: NORMAN L. BAGNALI

Capacity: GENERAL PARTNER

(see instruction # 8 on back of form)

S B 20.86 = 20.06 ASSUM NAME 8 C D D D D D