



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.
Instructions are included on back of application.

FILED EFFECTIVE

11 AUG 15 AM 8:51

SECRETARY OF STATE
STATE OF IDAHO

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

Farmers Stockman

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

<u>Name</u>	<u>Complete Address</u>
<u>Bryce Reynolds</u>	<u>10677 N 37 E Idaho Falls, ID 83401</u>
<u>Jennifer Reynolds</u>	<u>10677 N 37 E Idaho Falls, ID 83401</u>

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 checked="" type="checkbox"/> Services | <input 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:

10677 N 37 E Idaho Falls, ID 83401

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: B. M. L.

Printed Name: Bryce Reynolds

Capacity/Title: President / Owner

Signature: J. R.

Printed Name: Jennifer Reynolds

Capacity/Title: Vice president /

IDAHO SECRETARY OF STATE
08/15/2011 05:00
CK: 67933 CT: 150010 BH: 1206415
1 E 25.00 = 25.00 ASSUM NAME # 2

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