

Capacity/Title: OWNER

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

10 MOV 18 AM 8: 18

SECRE AY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

The true name(s) and <u>business</u> additionable business under the assumed busine		ntity or individual(s) doing	
<u>Name</u>		Complete Address	
CARL F AUSTIN	P.O. BOX	P.O. BOX 93 OAKLEY, ID. 83346	
BARBARA V AUSTIN	P.O. BOX	P.O. BOX 93 OAKLEY ID. 83346	
The general type of business transa  Retail Trade Transper	cted under the a		
<ul> <li>Wholesale Trade ☐ Constr</li> <li>Services ☑ Agricu</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real</li> </ul>	lture	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:	
<ul> <li>The name and address to which future correspondence should be addressed</li> <li>CARL F AUSTIN</li> </ul>	- · -	Secretary of State 450 North 4th Street PO Box 83720	
BARBARA V AUSTIN		Boise ID 83720-0080 208 334-2301	
P.O. BOX 93 OAKLEY ID. 83346	<del></del>	200 334-2301	
. Name and address for this acknowle copy is (if other than # 4 above):	edgment		
nature:		Secretary of State use only	
ted Name: <u>CARL F. AUSTIN</u> pacity/Title: OWNER patture: Darbara V. Austin		IDAHO SECRETARY OF STATE 11/18/2010 05 = CK: 11622 CT: 252882 BH: 12	

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