## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned At 9: 04 gives notice of adoption of an Assumed Business Name of OF State

1.	The assumed business name which the under	signed use(s)	in the transact	dd of
	business is:	-2664 ∪ 3	a a	

(J & R ROBERTS LTD PARTNERSHIP) DBA MAGIC VALLEY IRRIGATION SUPPLY

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  44 East 500 South, Burley, Idaho 83318			
3.	The general type of business transacted un (mark only those that apply)	nder the a	assui	med business name is:	
	☐ Retail Trade       ☐ Manufacturing         ☐ Wholesale Trade       ☒ Agriculture         ☐ Services       ☐ Construction	g   		nsportation and Public Utilities ance, Insurance, and Real Estate iing	
4.	The name and address to which future correspondence should be addressed:	hone nu	mber	(optional):	
	Magic Valley Irrigation Supply			Cultural Continues	
	C/O Jeff C. Roberts			Submit Certificate of Assumed Business	
	44 East 500 South			Name and \$20.00 fee to:	
	Burley, Idaho 83318			Name and \$20.00 lee to.	
				Secretary of State	
				700 West Jefferson	
5.	Name and address for this acknowledgmen	nt		Basement West	
	COPy iS (if other than # 4 above):			PO Box 83720	
	D. L. EVANS BANK			Boise ID 83720-0080 208 334-2301	
	D 0 Dog 97			200 334-2301	

BOWN SECRETARY OF STATELY

88/31/1999 **89:88** CK: 2772 CT: 24865 BH: 246288

1 0 20.00 = 20.00 ASSUM HAME # 2

DZ88K

Twin Falls, Idaho 83303

Signature:\_\_

Printed Name: \_\_Jeff C. Roberts

Capacity:

General Partner/Owner

(see instruction # 8 on back of form)