

Signature:___

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.



Filing fee: \$25.00.	STATE DE OF 20
1. The assumed business name which the undersigned Twin Pines Ranch	ed use(s) in the transaction of business/15
2. The individual and/or entity names and business at the assumed business name (do not include the name Eddie Troyer 344 Gill P- (Name) (Address) Teming Troyer 344 Gill P- (Name) (Address)	
(Name) (Address)	
(Name) (Address)	
3. The general type of business transacted under the Retail Trade Construction Agriculture Services Manufacturing	assumed business name is: Transportation and Public Utilities Mining Finance, Insurance, and Real Estate
4. Mailing address for future correspondence:	5. Name and address for this acknowledgment copy is (if other than # 4):
Eddie Troyer (Name) 344 Gill Pt Rd (Address) Grangeville Id 83530 (City) (State) (Zipcode)	(Name) (Address) (City) (State) (Zipcode)
Printed Name: Edward Troyer	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE
Printed Name: Jemima Troyer	04/10/2017 05:00
Signature: <u>Lemino Goyes</u>	CK:1121 CT:337691 BH:1578275 1@ 25.00 = 25.00 ASSUM NAME #2
Printed Name:	1935/01

Rev. 08/2015