

## CERTIFICATE OF ASSUMED BUSINESS NAME

			<i>C</i> :.	
			- DEE	
Pursuant to S submits for fill Pleas	RTIFICATE OF MED BUSINESS N ection 53-504, Idaho Code, the u ng a certificate of Assumed Busin se type or print legibly. cructions on reverse before the	ness Name.	25 M 9:24	
The assumed business is:	ness name which the under		e(s) in the transaction of	
business under tr Na	and business address(es) of eassumed business name name name name name name name name	of the entity	y or individual(s) doing  Complete Address  1924 E 990 S  PO BOX 355  HAZELTON, ID 83335	
Retail Trace Wholesale Services Manufactu Finance, I  The name and a correspondence IDAHO AGRON PO BOX 355 HAZELTON, ID	Trade Construction Agriculture  Iring Mining Insurance, and Real Estate Indicate address to which future Insurance addressed: Insurance and Real Estate Insurance and Real Est	and Public	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):  208-829-5482	
Capacity/Title:	(signature required)  MARK TIM PRAEGITZER  PRESIDENT  ction # 8 on back of form)	g.\corp\forms\abn forms\abn p65 Revised 09/2002	11/25/20 CK: 11307 CT: 1	TARY OF STATE

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