

CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigne @068P - 6 AM 8: 37 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the under business is: TORKELSON ENTERPR	
2. The true name(s) and business address(es) of business under the assumed business name: Name Name ORKELSON 9	f the entity or individual(s) doing Complete Address 140 KEMP Rd - Middleton ID 83649
3. The general type of business transacted unde Retail Trade Transportation ar Wholesale Trade Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: TORKELSON ENTERDRISES 9140 KEMP ROACI Middleton ID 83644	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208 - 919-1799
	Secretary of State use only
Signature: (L) Cuy (Signature required) Printed Name: (L) Ayur J Torks (Sov) Capacity/Title: OWNER	IDAHO SECRETARY OF STATE 907/96/2006 05:00 CK: 1035 CT: 158610 BH: 973665 1 2 25.90 = 25.90 ASSUM NAME # 2