

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 SEP 29 AM 8: 35

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

 The assumed business name which th business is: 	e undersigned use(s) in the transaction of
O	RTON RANCH
2. The true name(s) and <u>business</u> address business under the assumed business Name DISTINESTOCK LLC (W90169)	
3. The general type of business transacted Retail Trade Transport Wholesale Trade Construct Services Agricultuting Manufacturing Mining Finance, Insurance, and Real Es	ation and Public Utilities tion re Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: ALLIED FINANCIAL SERVICES, PLLC P O BOX 674 REXBURG, ID 83440	1 Decretary of State
5. Name and address for this acknowledge copy is (if other than # 4 above):	· -
Signature:	Secretary of State use only
Printed Name: DANIEL ORTON	
Capacity/Title: MEMBER	
Signature: Summer Outro	IDAHO SECRETARY OF STATE 99/29/2011 95:00
Printed Name: SUMMER ORTON	CK: 1548 CT: 87111 BH: 1292344 1 0 25.00 = 25.00 ASSUM NAME N 2
Capacity/Title: MEMBER	

abn.pmd Rev. 07/2010

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