

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 DEC -1 AM 9:08

SECRETARY OF STATE STATE OF IDAHO

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

	FARMER'S CORNER
The true name(s) and <u>business</u> a business under the assumed bus <u>Name</u> LONNIE DOWNS	ddress(es) of the entity or individual(s) doing iness name: <u>Complete Address</u> 202 SOUTH HWY 27 BURLEY, ID 83318
GAY DOWNS	202 SOUTH HWY 27 BURLEY, ID 83318
✓ Retail Trade ☐ Tran ☐ Wholesale Trade ☐ Cor	nsacted under the assumed business name is: esportation and Public Utilities estruction
Services Agr Manufacturing Min Finance, Insurance, and Re	Assumed Business
 The name and address to which to correspondence should be addressed. FARMER'S CORNER 	ssed: 450 North 4th Street PO Box 83720
202 S HWY 27 BURLEY, ID 83318 BURLEY, ID 83318	Boise ID 83720-0080 208 334-2301
5. Name and address for this ackno copy is (if other than # 4 above):	wledgment
nature only (A)	Secretary of State use only
nted Name: LONNIE DOWNS pacity/Title: A Curry - Mar nature: GAY DOWNS	IDANO SECRETARY OF STATE 12/01/2011 05:06 CK: 1786 CT: 264559 BH: 129992

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