

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

FILED/EFFECTIVE
AUG - 8 AM 9:04
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

HIGH COUNTRY SPRAYERS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Complete Address</u>
<u>GORDON O. EDWARDS</u>	<u>1995 S Elba/Almo Hwy Elba, ID 83342</u>
<u>MARCILE T. EDWARDS</u>	<u>SAME</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-638-5548

GORDON O. EDWARDS
1995 S ELBA/ALMO HWY
ELBA ID 83342

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

5. Name and address for this acknowledgment

copy is (if other than # 4 above):

* D. L. EVANS BANK
P. O. Box 517
Albion, ID 83311

Signature: Marcile T. Edwards

Printed Name: Marcile T. Edwards

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only

Revision 2/97

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IDAHO SECRETARY OF STATE
08/08/2001 05:00
CK: 1232 CT: 149827 BN: 412343
1 @ 20.00 = 20.00 ASSUM NAME # 2

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