

CERTIFICATE OF ASSUMED BUSINESS NAME

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

CERTIFICATE	OF 20/2
ASSUMED BUSINI	ESS NAME
Pursuant to Section 53-504, Idaho C	Code the undersigned
submits for filing a certificate of Assu	umed Business Name.
Please type or print legit instructions are included on back or	
	20 %
	the undersigned use(s) in the transaction of
business is:	
Riv	ver Plains Property
2. The true name(s) and business addre	ess(es) of the entity or individual(s) doing
business under the assumed busines	
Name	Complete Address
Kory Lloyd	1224 Park Meadows Dr., Twin Falls, ID 83301

3. The general type of business transact	ted under the assumed business name is:
	rtation and Public Utilities
Wholesale Trade Constru	
✓ Services Agricultu	
	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real E	state Name and \$25.00 fee to:
4. The name and address to which futur	re Secretary of State
correspondence should be addressed	d: 450 North 4th Street
Kory Lloyd	PO Box 83720
1224 Park Meadows Dr.	Boise ID 83720-0080
Twin Falls, ID 83301	<u>208 334-2301</u>
Name and address for this acknowled	demont
CODY IS (if other than #4 above):	agment .
oopy to thouse district aboves.	
	· ·
22 21 1	Secretary of State use only
Signature: Torn Hong	
Printed Name: Kony Lloyd	
Capacity/Title: Owner	
Signature:	
Printed Name:	
Canacity/Title:	IDAHO SECRETARY OF STATE

abn.pmd Rev. 07/2010

CK: 1469 CT: 158018 BH: 1334662 1 9 25.08 = 25.00 ASSUN NAME # 2

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