

Signature:___

CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFICATE OF ASSUMED BUSINESS N Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.	NAME SECTIVE SECTIVE AMIL: 36 and use(s) in the transaction of business [AP.
The assumed business name which the undersign Riversid	ed use(s) in the transaction of business size. Well Drilling and Pumps
2. The individual and/or entity names and business a the assumed business name (do not include the name (Name) (Address) (Name) (Address) (Name) (Address)	address(es) of those doing business under e you listed in #1): Well Blvd. Parma, ID 83460
3. The general type of business transacted under the ☐ Retail Trade ☐ Construction ☐ Wholesale Trade ☐ Agriculture ☐ Manufacturing	assumed business name is: Transportation and Public Utilities Mining Finance, Insurance, and Real Estate
4. Mailing address for future correspondence: RiverSide Inc (Name) P.O. Box 700 (Address) Parma, ID 83660 (City) (State) (Zipcode)	5. Name and address for this acknowledgment copy is (if other than #4): Tane Garzone (Name) P.O. Box 720 (Address) Parma LD 83660 (City) (State) (State)
Printed Name:	Secretary of State use only IDAHO SECRETARY OF STATE 11/15/2016 05:00 CK:33760 CT:158010 BH:1555102 16 25.00 = 25.00 ASSUM NAME #2
Printed Name:	D19.0395

Rev. 08/2015