CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	no Code, the undersigned
<u> </u>	the undersigned use(s) in the transaction of
SPIRIT MOUNTAIN BEE RANCH	
The true name(s) and business additionable business under the assumed busine	ress(es) of the entity or individual(s) doing
Name	Complete Address
CLYDE L. OWENS. JR	HC-1 BOX 214. SPIRIT LAKE, ID 83869
LARRY J. WILLIAMS	HC-1 BOX 214 SPIRIT LAKE, ID 83869
CHARLES S. WILLIAMS	HC-1 BOX 214 SPIRIT LAKE, ID 83869
The general type of business transa (mark only those that apply)	cted under the assumed business name is:
☐ Retail Trade ☐ Manuf ☐ Wholesale Trade x Agricu ☐ Services ☐ Constr	
 The name and address to which future correspondence should be addressed 	ure Phone number (optional):ed:
SPIRIT MOUNTAIN BEE RANCH	Submit Certificate of
PO BOX 639	Assumed Business Name and \$20.00 fee to:
SPIRIT LAKE ID. 83869	Secretary of State
E. Name and address for this asknowle	700 West Jefferson edgment Basement West
Name and address for this acknowle copy is (if other than # 4 above).	PO Box 83720
US BANK OF IDAHO	Boise ID 83720-0080 208 334-2301
PO BOX 579	Secretary of State use only
PRIEST RIVER, ID. 83856	IDANO SECRETARY OF STATE
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(see instruction # 8 on back of form)	(karp)