CERTIFICATE OF ACCUMENT	
CERTIFICATE OF ASSUMED BUSINE (Please type or print legibly. See instructions on To the SECRETARY OF STATE OF IDAMS)	SS NAME
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the ungives notice of adoption of an Assumed Busines	
business is:	use(s) in the transaction of
Martens Agri-Spray	
The true name(s) and business address(es) of the end business under the assumed business name is/are:	tity or individual(s) doing
John F Martens P.O. B.	Complete Address  0 ★ 99 Declo
<u> </u>	73323
Services Construction	ransportation and Public Utilities nance, Insurance, and Real Estate
The name and address to which future Phone number correspondence should be addressed:	ining ar (optional):208-312-450/
John E Martens P.O. Box 99 Declo ID. 83323	Submit Certificate of Assumed Business Name and \$29.90 fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
6	Secretary of State use only
Signature: John E. Monter  Printed Name: John E Marter	
Printed Name: John E Martes  Capacity: Owner	IDAHO SECRETARY OF STATE 01/30/2004 05:00 CK: 1587 CT: 158010 BH: 724625 1 0 25.00 = 25.00 ASSIM MARKS
Capacity: Owner (see instruction # 8 on back of form)	1 0 25.00 = 25.00 ASSUM NAME # 2

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