227

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED
98 DEC 17
SECRETARY OF STATE
STATE OF IDAHO

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.

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

   BILL FIEN & SON DAIRY

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

Name	Complete Address
The Fien Family Trust	2959 South 2200 East, Wendell, ID 83355
Brian Fien	2957 South 2200 East, Wendell, ID 83355

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

☐ Retail Trade	☐ Manufacturing	☐ Transportation and Public Utilities
☐ Wholesale Trade	☒ Agriculture	☐ Finance, Insurance, and Real Estate
☐ Services	☐ Construction	☐ Mining

4. **The name and address to which future correspondence should be addressed:** **Phone number (optional):** _____

   Bill Fien

   2959 South 2200 East

   Wendell, ID 83355

5. **Name and address for this acknowledgment copy is (if other than # 4 above):**

   Western Bank

   PO Box 5379

   Twin Falls, ID 83303

Signature: Bill Fien

Printed Name: Bill Fien

Capacity: _____

(see instruction # 5 on back of form)

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

Secretary of State use only

g:\corp\forms\abn.pm6 Revision 2/97

IDAHO SECRETARY OF STATE
12/17/1998 09:00
CK: 159037120 CT: 72853 BH: 171047
1 @ 20.00 = 20.00 ASSUM NAME # 11

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