

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

3 AUG 25 PA 12: 11

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETATION IN STATE

| business is:  | the undersigned use(s) in the transaction of   |
|---|--|
| The true name(s) and business address business under the assumed business   | ess(es) of the entity or individual(s) doing   |
| Name  Aarow Schmidt   | Complete Address   |
|   | Boise ID 83714   |
| 3. The general type of business transacte   | ted under the assumed business name is:  |
| Wholesale Trade Construc  |  |
| Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es   | Assumed Business   |
| 4. The name and address to which future correspondence should be addressed:  Agrow Schmidt  1441 W. State St.  Mendian #0 83640 |  |
| <ol> <li>Name and address for this acknowled<br/>copy is (if other than # 4 above).</li> </ol>                                  | dgment Phone number (optional):  |
|   | Secretary of State use only  |
| ignature: (signature required) rinted Name: Agro N Schmidt  | D79477   D794777   D794777   D79477   D79477 |
| apacity/Title: Sales man (see instruction # 8 on back of form)  | IDAHO SECRETARY OF STATE  88/25/2004 85:80  CK: 825128645888CLH CT: 172899 RH: 762  1 0 25.00 = 25.00 ASSUM NAME # 2   |