

# CERTIFICATE OF ASSUMED BUSINESS NAME

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



**FILED**

99 JUL 12 AM 10:28

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:

AIR

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

Agricultural Information Resources, Inc. 3657 N 3000 E, Twin Falls

Idaho 83301

C 129379

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Retail Trade    | <input type="checkbox"/> Manufacturing          | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services        | <input type="checkbox"/> Construction           | <input type="checkbox"/> Mining                              |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): \_\_\_\_\_

Dr. Michael D. Lewis

3657 N 3000 E

Twin Falls, ID 83301

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

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

IDAHO SECRETARY OF STATE

07/12/1999 09:00  
CX: 1023 CT: 117843 BN: 232944

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 27491

Signature: Michael D Lewis

Printed Name: Dr. Michael D. Lewis

Capacity: President/General Manager

(see instruction # 8 on back of form)

Revision 2/97

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