

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

2016 MAR 23 AM 9: 30

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

SECRETARY I'M STATE

	Pr la r		STATE OF IDAMA	
	The assumed business name which the undersigned use(s) in the transaction of divideness is:			
	H & C DIMOND FARM			
2. 7	The individual and/or entity names and business address(es) of those doing business under			
1	the assumed business name (do <u>not</u> include the name you listed in #1):			
	HAROLD S DIMOND	3059 S 1800 E, WEN	NDELL ID 83355	_
	(Name)	(Address)	NDCL ID 99955	_
	CAROLYN T DIMOND	3059 S 1800 E, WEN	NDELL ID 83355	_
	(Name)	(Address)		-
	(Name)	(Address)		_
	(Hanto)	(made 639)		
э т	The general type of business	manuscrad business across in		
ن , ا		**************************************	assumed business name is:	
] [Retail Trade	Construction	Transportation and Public Utilities	
l I	Wholesale Trade Services	AgricultureManufacturing	Mining Finance Insurance and Real Fateta	
1	Services	wandacturing	☐ Finance, Insurance, and Real Estate	
4. N	Mailing address for future correspondence: CAROLYN T DIMOND (Name)		5. Name and address for this acknowledgment	
			CODY IS (if other than # 4):	
_			(Name)	_
	3059 S 1800 E			
	Address) WENDELL ID 83355		(Address)	
	City) (Sta	ate) (Zipcode)	(City) (State) (Zipcode	<u>5)</u>
Printed Name: HAROLD S DIMOND			Secretary of State use only	
Sian	nature: Harved 15			
			IDAHO SECRETARY OF STATE	
Printed Name: CAROLYN T DIMOND			03/23/2016 05:00 CK:2596 CT:322175 BH:1520028	ə
Signature: Carolyn of Demond			16 25.00 = 25.00 ASSUM NAME	
Printed Name:			185377	
Signature:			D 100011	

Rev. 08/2015