

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on other page)

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.

FILED

99 JAN -4 AM 8:45

1. The assumed business name which the undersigned uses in the transaction of business is:

R & G PROPERTIES, A GENERAL PARTNERSHIP

SECRETARY OF STATE
STATE OF IDAHO

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
<u>GARN W. THEOBALD</u>	<u>2639 LAKEVIEW RD., AMERICAN FALLS, ID 83211</u>
<u>STEVEN W. THEOBALD</u>	<u>2636 OLIVE RD., AMERICAN FALLS, ID 83211</u>
<u>DEBORAH JEAN THEOBALD</u>	<u>2639 LAKEVIEW RD., AMERICAN FALLS, ID 83211</u>
<u>JUDY THEOBALD</u>	<u>2636 OLIVE RD., AMERICAN FALLS, ID 83211</u>

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): _____

R & G PROPERTIES, A GENERAL PARTNERSHIP
2662 LAKEVIEW RD.
AMERICAN FALLS, IDAHO 83211

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

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

FIRST SECURITY BANK N.A.
COMMERCIAL LOAN DOCUMENTATION CENTER
P.O. BOX 8203
BOISE, IDAHO 83707

Signature: _____

Printed Name: GARN W. THEOBALD

Capacity: General Partner

Signature: _____

Printed Name: STEVEN W. THEOBALD

Capacity: General Partner

Signature: _____

Printed Name: DEBORAH JEAN THEOBALD

Capacity: General Partner

Signature: _____

Printed Name: JUDY THEOBALD

Capacity: General Partner

(see instruction #7 on other sheet)

Secretary of State Use Only

IDAHO SECRETARY OF STATE

01/04/1999 09:00
CK: 1621 CT: 1031 BH: 174973

1 @ 20.00 = 20.00 ASSUM NAME # 2

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