



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2006 MAY -1 AM 9:47

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

TWO M FARMS

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

Name

Complete Address

RANDEE MARTIN

120 NORTH 625 WEST LN PAUL, ID 83347

CONNIE MARTIN

120 NORTH 625 WEST LN PAUL, ID 83347

3. The general type of business transacted under the assumed business name is:

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

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

✓

TWO M FARMS

120 NORTH 625 WEST LN

PAUL, ID 83347

Submit Certificate of
Assumed Business
Name and \$25.00 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 acknowledgment copy is (if other than # 4 above):

D.L. EVANS BANK

PO BOX 1188

BURLEY, ID 83318

Phone number (optional):

208-678-9076

Signature: _____

(signature required)

Printed Name: _____

RANDEE MARTIN

Capacity/Title: _____

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

099358

IDAHO SECRETARY OF STATE
05/01/2006 05:00
CK: 9034195 CT: 150010 BH: 952256
1 @ 25.00 = 25.00 ASSUM NAME # 2