

Capacity/Title: Partner

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

## Please type or print legibly. Instructions are included on back of application.

1.	The assumed business name which the und business is:	-	• •
	Walstrom	Enterprises	S
2.	The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> Anthony D. Kriegh (Tony) Patricia Jo Kriegh (Patty)	•	
3.	The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities Wholesale Trade Agriculture  Agriculture		
	☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4.	The name and address to which future correspondence should be addressed: Anthony D. Kriegh	!	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
	342 Falls, Dr. Idaho Falls, ID 83401	į	208 334-2301
5.	Name and address for this acknowledgmer copy is (if other than #4 above):	<b>nt</b>	
Signa	ature: Tatricia S. Kniech		Secretary of State use only
_	ed Name: Patricia J. Kriegh		
Capa	city/Title: Partner	1	
Signa			IDAHO SECRETARY OF STATE 02/21/2012 05:00
Printe	ed Name: Anthony D. Kriegh		CK: 22170 CT: 123899 BH: 1311464 1 8 25.88 = 25.88 ASSUN NAME # 2

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