

CERTIFICATE OF ASSUMED BUSINESS NAME

US MAY II AM 9: 13

SECRETARY OF STATE STATE OF IDAHO

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

Please type or print legibly.
NOTE: See instructions on reverse before filing.

1. The assumed business name which the updates is: 3 T farm and	Rang	h
2. The true name(s) and business address(s business under the assumed business na Name Tim Thorton	me: 	complete Address 097 E. 2500 N. 21lister, I) 8330/
3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Same	n and Pu	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
5. Name and address for this acknowledgment copy is (if other than # 4 above): D.L. Evans 980 S. Uncoln Serone, D.J. 83538		Boise ID 83720-0080 208 334-2301 Phone number (optional): Secretary of State use only
Signature: The Color Printed Name: 1: 1/10 Chilou Capacity/Title: Owner	g Vorpyomeisten formsleben pläs Revised O4/2003	IDANO SECRETARY OF STATE 05/11/2009 05:00 CK: 9888258 CT: 236945 BH: 1169778 1 0 25.00 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	locy 3	D130627