



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2015 AUG 12 AM 8:28

SECRETARY OF STATE
STATE OF IDAHO

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

Shaw's Ag Repair

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

<u>Gary Shaw</u> (Name)	<u>534 N 500 E</u> (Address)	<u>Rupert</u> (City)	<u>Id.</u> (State)	<u>83350</u> (Zipcode)
<u>Kristie Shaw</u> (Name)	<u>534 N 500 E</u> (Address)	<u>Rupert</u> (City)	<u>Id.</u> (State)	<u>83350</u> (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

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

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

4. Mailing address for future correspondence:

Gary Shaw
(Name)
534 N 500 E
(Address)
Rupert, ID. 83350
(City) (State) (Zipcode)

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

(Name)
(Address)
(City) (State) (Zipcode)

Printed Name: Gary Shaw
Signature: [Signature]
Printed Name: Kristie Shaw
Signature: Kristie Shaw
Printed Name: _____
Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/12/2015 05:00

CK:1907 CT:158010 BH:1487716
1@ 25.00 = 25.00 ASSUM NAME #2

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