CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	Pursuant to Section 53-504, le gives notice of adoption of an		- /
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	GERING	\$ SC	W
2.	The true name(s) and business address business under the assumed business name	ame is/are:	ntity or individual(s) doing Complete Address
	David Gering Bonnie Gering	2020 3	FO ST N Nampa ld 83687
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	□ Retail Trade ☒ Manufactur □ Wholesale Trade □ Agriculture □ Services □ Construction		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future Phone number (optional): 208-46-9003 correspondence should be addressed:		
	Gering & Son 2020 3 PD STN		Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Name and address for this acknowledgm: copy is (if other than # 4 above):	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		92	Secretary of State use only
natu nted	re: Bonnie Geking	n.p65 Revision 1/58	IDANO SECRETARY OF STATE 08/16/2001 05 = 00 CK: 14269 CT: 159138 BH: 413932

Sig Prir

Capacity: OWNER

(see instruction # 8 on back of form)