

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 AUG 18 AM 8: 24

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

SECRET RY OF STATE

The assumed business name which the ur business is:	ndersigned use(s) in the transaction of
Review Magir Valley	
2. The true name(s) and <u>business</u> address(establishess under the assumed business name Name Theodore J. Fullbright Christina D. Fullbright	me: <u>Complete Address</u>
3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	nder the assumed business name is: n and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Ted Fullbright 381 Knothingman Tr. Twin Falls Ta 83301	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State use only
Signature: Thurse & HHAF	Sacialary of State use only
Printed Name: Theodore J. Fullbright Capacity/Title: Owner Signature: Theodore J. Fullbright Printed Name: Challeng D. Fullbright	IDAHO SECRETARY OF STATE Ø8/18/2011
Capacity/Title: Co-OLLEC	

abri.pmd Rev. 07/2010

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