CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)

Capacity: OWNEY

(see instruction # 8 on back of form)

(Please type or print legibly)	Ship
(Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.	
The assumed business name which the undersign business is: Kaun Andarson F	i i
2. The true name(s) and business address(es) of the business under the assumed business name is/a Name Kwin Andurson Debra Jensen	ne entity or individual(s) doing
Refail Tade Agriculture	he assumed business name is: Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
 4. The name and address to which future correspondence should be addressed: KWIN ANDERSON D34 Crosspoint Ave. Nanipa, Td. \$316.86 5. Name and address for this acknowledgment copy is (if other than #4 above): Farmers + Mcichants St. Bk. 	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
P.O. Box 6 Nanipa, Id. 83653 Signature: X KEVIN ANDERGON Printed Name: Kevin Anderson	100H6 SECRETHAN GRASTATE ONly 62/67/2666 69:00 CX: 228 CT: 126318 BH: 287882 1 # 28.86 = 28.88 ASSUM NAME # 2