

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 SEP 16 AM 9: 12

SECRETARY OF STATE STATE OF IDAHO

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

We	est Wind Farms
 The true name(s) and <u>business</u> addres business under the assumed business <u>Name</u> D. Lind Garner 	
	ed under the assumed business name is: tation and Public Utilities
Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es	Submit Certificate of Assumed Business
 The name and address to which future correspondence should be addressed: D. Lind Gamer 	450 North 4th Street PO Box 83720
255 West 200 North Rupert, Idaho 83350	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledge copy is (if other than # 4 above): D.L. Evans Bank P.O. Box 87	gment
Twin Falls, Idaho 83303	Secretary of State use only
ited Name: D. Lind Garner	
pacity/Title: Owner	
nature:	TRAILA ABOUT
nted Name:	IDAHO SECRETARY OF STATE 19/16/2011 05:00 CK: 4412 CT: 24085 BH: 129074 1 0 25.00 = 25.00 ASSUM HAME

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