



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

08 APR -2 AM 8:15

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

Agriculture Solutions

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

C163450

Complete Address

Cunnington & Associates Inc.

2240 W. Everest Lane #100, Meridian, ID 83646

Greg Cunnington

2240 W. Everest Lane #100, Meridian, ID 83646

Nick Cunnington

2240 W. Everest Lane #100, Meridan, ID 83646

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

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

4. The name and address to which future correspondence should be addressed:

Cunnington & Associates, Inc.

2240 W. Everest Lane, Ste.100

Meridian, ID 83646

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Secretary of State use only

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Greg Cunnington

Capacity/Title: \_\_\_\_\_

Vice President

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
04/02/2008 05:00  
CK: 2481 CT: 204189 BH: 1108828  
1 0 25.00 = 25.00 ASSUM NAME # 2

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