

Capacity/Title: <u>OWNER</u>

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the ur	ndersigned Top
submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing.	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Kilic J. Amberson	the entity or individual(s) doing Complete Address b 12th Auenue South Nampa, IDAHO 83651
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: ADERSO LAW Offices Longhomen Shaton Ib 12th Avenue South	
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): (208) 442 - 8181
Farmers & Merchants State Bank 112 2nd Street South Nampa, ID 83651	Secretary of State use only
Printed Name: KIKK ANDERSON	IDAHO SECRETARY OF STATE 12/31/2003 U5:00 CK: 94676 CT: 158610 RH: 719222 1 8 25.60 = 25.06 ASSUM NAME # 2