

Printed Name: Roce

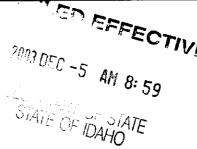
Capacity/Title: PARTNER

(see instruction #8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
NOTE: See instructions on reverse before filing.



The assumed business name which the undersigne business is:  TRIPLE CCC FA	
The true name(s) and business address(es) of the business under the assumed business name:  Name  ROSER CARLSON  ARISTINE CARLSON  3450	Complete Address CAldwell  HARVEY Rd Idaho 836
<ul> <li>The general type of business transacted under the second second</li></ul>	
<ul><li>Manufacturing</li><li>Mining</li><li>Finance, Insurance, and Real Estate</li></ul>	Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:  TRIPLE CCC FARM  24501 HARVEY Rd.  CALGUELL, Tdaha 83607	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (20 <u>8) 453-86</u> 83
	Secretary of State use only

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