

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

| ASSUMED BUSINE | SS NAME |
|---|---|
| Pursuant to Section 53-504, Idaho Coo | |
| submits for filing a certificate of Assum | ed Business Name. |
| Please type or print legibl Instructions are included on back of | application. |
| | |
| 1. The assumed business name which the | |
| business is: | |
| Rive | r Rock Ranches |
| The true name(s) and <u>business</u> address business under the assumed business | name: |
| <u>Name</u> A. LeRoy Atwood | <u>Complete Address</u> 2663 NW 4th Avenue Fruitland Id. 83619 |
| Paula Smith | 5429 Hwy 52 New Plymouth Id. 83655 |
| radia Siliiti | 5429 Flwy 52 New Flymouth Iu. 63633 |
| | |
| 3. The general type of business transacte | d under the assumed business name is: |
| ☐ Retail Trade ☐ Transporta☐ Wholesale Trade ☐ Construct☐ Services ☐ Agricultur | |
| ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Est | Submit Certificate of Assumed Business |
| The name and address to which future correspondence should be addressed: LeRoy Atwood | Secretary of State 450 North 4th Street PO Box 83720 |
| PO BOX 350 | Boise ID 83720-0080 208 334-2301 |
| Fruitland Id. 83619 | 208 334-2301 |
| 5. Name and address for this acknowledg copy is (if other than # 4 above): | ment |
| | |
| | Secretary of State use only |
| Signature: | |
| Printed Name: A. LeRoy Atwood | |
| Capacity/Title: Owner | |
| Signature: | IDAHO SECRETARY OF STATE |
| Printed Name: Paula Smith | 05/18/2012 05:00 CK: 3361 CT: 128859 BH: 1324798 |
| Capacity/Title Owner | T C LOSGO - LOSGO MODAN NAME & C |

abn.pmd Rev. 07/2010

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