

Signature:___

Printed Name: _

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

SIATE

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

200 JAN 20 AM 9: 35

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Please type or print legibly.

NOTE: See instructions on reverse before filing.

Glenora F. Wright

President

(see instruction #8 on back of form)

Farmers Internet Service	
The true name(s) and business address(es) of business under the assumed business name Name	of the entity or individual(s) doing : Complete Address
Farmers Mutual Telephone Company	319 SW 3rd Street
(C-15282)	P.O. Box 1030
10-15/202	Fruitland, Idaho 83619
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
The name and address to which future correspondence should be addressed: J. Jay Garrett	Secretary of State 700 West Jefferson Basement West PO Box 83720
Farmers Mutual Telephone Company	Boise ID 83720-0080
P.O. Box 1030 Fruitland, Idaho 83619	208 334-2301
Name and address for this acknowledgmen copy is (if other than # 4 above):	Phone number (optional): 208-452-4241

corp/forms\abn forms\abn Revised 04/2003

IDAHO SECRETARY OF STATE

21/21/2024 25 = 26

CK: 32927 CT: 175857 BH: 722708

1 @ 25.00 = 25.00 ASSUM NAME # 2

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