CERTIFICATE OF ASSUMED BUSINESS NAME

Co-Owner

(see instruction # 8 on back of form)

Capacity/Title:__

CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed Please type or print legibly. NOTE: See instructions on reverse before	S NAME the undersigned Business Name.
The assumed business name which the undersigned use(s) in the transaction of business is:	
DKH D	Destiny Farm
 The true name(s) and business address(e business under the assumed business name Name Richard Dean Hellums 	
Kimberly Rae Hellums	25197 HArvey Road Caldwell Id 83607
 Retail Trade Wholesale Trade Services Manufacturing Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: 	Secretary of State 700 West Jefferson
DKH Destiny Farm	Basement West PO Box 83720
Dean and Kimberly Hellums	Boise ID 83720-0080
25197 Harvey Rd Caldwell Idaho 83607	208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above).	nent Phone number (optional): 208-863-2799
	Secretary of State use only
gnature: (signeture required) nted Name: Richard Dean Hellums	8000 Policy Poli

IDAHO SECRETARY OF STATE

08/28/2003 05 = 00

CK: 5242 CT: 158010 BH: 698874
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