



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.

per website:
fax # 208-334-2080
2006 DEC -5 PM 1:53

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

GLACIER'S RAW FOOD

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>L. A. SOHANNINGMEIER</u>	<u>P.O. BOX 3453</u>
	<u>Hailey, ID.</u>
	<u>83333</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

L.A. SOHANNINGMEIER
P.O. BOX 3453
Hailey, ID 83333

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

Secretary of State use only

Signature: L.A. Sohanningmeier
(signature required)

Printed Name: L.A. SOHANNINGMEIER

Capacity/Title: OWNER

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
12/05/2006 05:00
CK: 983287 CT: 172899 BH: 1817658
1 @ 25.00 = 25.00 ASSUM NAME # 2

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