



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.

FILED EFFECTIVE
2004 JAN 20 AM 9:13
STATE OF IDAHO

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

Dale Farm Food Service

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>Patricia M. York</u>	<u>1208 So Peach</u>
<u></u>	<u>Kamiah ID 83536</u>
<u></u>	<u></u>

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

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

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

Dale Farm Food Service
1206 So Peach
Kamiah ID 83536

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

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

Phone number (optional):

2084352901

Signature: [Signature]
(signature required)

Printed Name: Patricia M York

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\formslabn forms\labn p65
Revised 04/2003

IDAHO SECRETARY OF STATE
01/21/2004 05:00
CK: 100 CT: 158010 BH: 722682
1 @ 25.00 = 25.00 ASSUM NAME # 2

D72271