

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

08 MAY -7 PM 2: 23

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

 The assumed business name which the u business is: 	indersigned use(s) in the transaction of
The Orchard t	ttouse
2. The true name(s) and business address(e business under the assumed business na Name The Orchard House, Inc. W13910	es) of the entity or individual(s) doing time: Complete Address 14949 SunnyslopeRd Caddwell 836
3. The general type of business transacted u	inder the assumed business name is:
Retail Trade Transportatio Wholesale Trade Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Sume	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
	(208) 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
	Secretary of State use only
Signature: (signature required)	IDAHO SECRETARY OF STATE 5/07/2008 05:00 CK: 107/30 CT: 172079 BH: 111378
Printed Name: KYIS Thrompson	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	05/07/2008 05:00 CK: 199739 CT: 172099 BH: 1113978 1 8 25.06 = 25.08 ASSUM MANE # 4