



**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
2003-07-27 AM 0:58

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

VINIFERA WINES

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>JON S. MELONE</u> | <u>1616 BROOKFIELD COURT</u> <u>TWIN FALLS, ID 83301</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
 Assume
 Name a

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

VINIFERA WINES
1616 BROOKFIELD COURT
TWIN FALLS, ID 83301

**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):

(208) 133-5047

Signature



(signature required)

Printed Name: John S. MELODE (Signature Required)

Capacity/Title: OWNER

(see instruction # 8 on back of form)

corporativestaben.form&abn.p65
Revised 04/2003

Secretary of State use only

IDaho SECRETARY OF STATE
03/27/2006 05:00
CK: 95 CT: 198506 BH: 945497
1 @ 25.00 = 25.00 ASSUM NAME # 2

W 97987