



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

2012 FEB 29 AM 9:1

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

AUNT LINDA'S BERRY FARM

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>MICHAEL TRUXEL</u>	<u>13752 HWY 55, McALL, Id 83638</u>
<u>LINDSEY TRUXEL</u>	<u>13752 HWY 55, McALL, Id. 83638</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 checked="" 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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

MICHAEL TRUXEL
13752 HWY 55
McCALL, Id. 83638

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

Signature: Michael Truxel

Printed Name: MICHAEL TRUXEL

Capacity/Title: OWNER

Signature: _____

Printed Name: LINDSEY TRUXEL

Capacity/Title: OWNER

Secretary of State use only

IDAHO SECRETARY OF STATE
02/29/2012 05:00
CK: 917824 CT: 172899 BH: 1312780
1 @ 25.00 = 25.00 ASSUM NAME N 2

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