



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

2014 APR 16 AM 8:31

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:

HIDDEN VALLEY TREE 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

JOHN & JACQUELYN GALE FAMILY TRUST

1594 HIGHLAND FLATS RD NAPLES ID 83847

JACQUELYN GALE

1594 HIGHLAND FLATS RD NAPLES ID 83847

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 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:

JACQUELYN GALE

1594 HIGHLAND FLATS RD

NAPLES ID 83847

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

Signature: Jacquelyn Gale

Printed Name: JACQUELYN GALE

Capacity/Title: TRUSTEE/OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/16/2014 05:00
CK: 1478 CT: 295741 BH: 1420471
1 @ 25.00 = 25.00 ASSUM NAME # 2

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