

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. The fill  $\frac{1}{2}$   $\frac{1}{2}$ 

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

The assumed business name which the undersigned business is:  The Idaho Food Source  The Adaho Food Source  T	. ,
2. The true name(s) and <u>business</u> address(es) of the obusiness under the assumed business name:  Name  Linda M. Adams  Duane A. Adams  Be	entity or individual(s) doing  Complete Address  405 Martin gale Dr  150 Fdaho 83707
3. The general type of business transacted under the  Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	blic Utilities  Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Linda Adams  10405 Martingale Dr  Baise Idaho 83709	Name and \$25.00 fee to:  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	
Signature: Sinda M. Adams  Printed Name: Linda M. Adams	Secretary of State use only
Capacity/Title: NWBer	IDAHO SECRETARY OF STATE
Signature:	CK: CASH C1: 154919 PM: 157107
Printed Name:	1 8 25.80 = 25.00 ASSUM NAME # 2
Capacity/Title:	D145089