

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. Instructions are included on back of application.

FILED EFFECTIVE 2015 JUN 15 AM 10: 05

The Great Feeder	
The true name(s) and <u>business</u> address business under the assumed business Name	· · · · · · · · · · · · · · · · · · ·
Foxy Box, Inc.	Po Box 261 Ririe, Idaho 83443
C 203752	FO DOX 201 Mile, Idailo 63443
	ed under the assumed business name is:
Retail Trade I Transpor Wholesale Trade Construct Services Agricultu	ure
ManufacturingMiningFinance, Insurance, and Real Education	Submit Certificate of Assumed Business State Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed Foxy Box, Inc. 	450 North 4th Street PO Box 83720
The Great Feeder Po Box 261 Ririe, Idaho 83443	Boise ID 83720-0080 — 208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above):	lgment
	Secretary of State use only
rinted Name: Jamie Hoven	1DAHO SECRETARY OF STATE 06/16/2015 05:00
apacity/Title: President ignature: WWWW	CK:22104167938 CT:304941 BH:1486 16 25.00 = 25.00 ASSUM NAME #
Printed Name: Jennifer Hoven Capacity/Title: Vice President	D179756

abn.pmd Rev.07/2010