



# 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.**

01 FEB 20 AM 10:42

SECRETARY OF STATE  
STATE OF IDAHO

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

CEDARSAGE 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

Carl F. Austin

P.O. Box 93, Oakley, Idaho 83346

Barbara V. Austin

P.O. Box 93, Oakley, Idaho, 83346

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 \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

CEDARSAGE FARM

P.O. Box 93

Oakley, Idaho, 83346

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

Phone number (optional):

(208) 436-1562

Signature: Carl F. Austin

Printed Name: CARL F. AUSTIN

Capacity: co-owner

(see instruction # 8 on back of form)

Secretary of State use only  
IDaho SECRETARY OF STATE

02/21/2001 09:00  
CK: 5508 CT: 138299 BH: 388262

1 @ 20.00 = 20.00 ASSUM NAME # 2

#D42877