



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

10 NOV 19 AM 8:06

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Brocke's Heritage Soups

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

Lori Lea Brocke

1210 Cedar Ridge Rd, Kendrick ID 83537

Amber Lynne Brocke

1233 Cedar Ridge Rd., Kendrick, ID 83537

Alecia Leann Brocke

1233 Cedar Ridge Rd., Kendrick ID 83537

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 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:

Lori L. Brocke

1210 Cedar Ridge Rd

Kendrick ID 83537

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

Signature: Lori L. Brocke

Printed Name: Lori L. Brocke

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/19/2010 05:00
CK: 3868 CT: 150810 BH: 1247913
1 @ 25.00 = 25.00 ASSUM NAME # 2

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