



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

11 JAN 12 AM 8:36

SECRETARY OF STATE
STATE OF IDAHO

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

Sagebrush Seasonings

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

<u>Karen Burden</u>	<u>3220 Clay Lane, New Meadows, ID 83654</u>
<u>Richard Burden</u>	<u>3220 Clay Lane, New Meadows, ID 83654</u>

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:

3220 Clay Lane
New Meadows, ID 83654
208 347-2717

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

Signature: Karen H. Burden

Printed Name: Karen H. Burden

Capacity/Title: owner

Signature: Richard D. Burden

Printed Name: RICHARD D. BURDEN

Capacity/Title: OWNER

Secretary of State use only

DN4538

IDAHO SECRETARY OF STATE
01/12/2011 05:00
CK: 2509 CT: 150018 BH: 1255075
1 @ 25.00 = 25.00 ASSUM NAME # 2