



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

2014 SEP 29 AM 9:53

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Portion Control Fresh

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

McNeil Fruit & Vegetable, LLC

1070 Riverwalk Dr. Ste#200, Idaho Falls, ID 83402

W7810

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 | |

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

Portion Control Fresh

1070 Riverwalk Dr. Ste#200,

Idaho Falls, ID 83402

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

Signature: _____

Printed Name: Keith Walker

Capacity/Title: Manager, McNeil Fruit & Vegetable, LLC

Signature: _____

Printed Name: _____

Capacity/Title: _____

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

Secretary of State use only

IDAHO SECRETARY OF STATE

09/29/2014 05:00

CK:11059 CT:301645 BH:1443238

1@ 25.00 = 25.00 ASSUM NAME #2

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