

Printed Name: \_\\\.

(see instruction # 8 on back of form)

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

09 JUL -6 AM 9: 10

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

New Plymouth Farm  The true name(s) and business address(es business under the assumed business name)	
Name	Complete Address
Paul Nelson	516 E. Ash St
Maribel Nelson	Caldwell, 10 83605
Retail Trade Transportation  Wholesale Trade Construction  Services Agriculture	n and Public Utilities  Submit Certificate of
Services Agriculture	
<ul><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>	Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720
Maribel Nelson	Boise ID 83720-0080
516 E. Ash St	(208) 334-2301
Caldwall, ID 83605	
<ol><li>Name and address for this acknowledgme copy is (if other than # 4 above).</li></ol>	ent
	Secretary of State use only

IDANO SECRETARY OF STATE

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