

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

10 MAR 26 PM 12: 57

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

Please type or print legibly.

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

Owner

(see instruction # 8 on back of form)

Capacity/Title:____

business is: Hendricks Family Farm	3
The true name(s) and business address(es) of the business under the assumed business name: Name Tacob Hendricks Lindsay Hendricks	e entity or individual(s) doing Complete Address 5 Bennett Rd. Nampa ID 83696 Same
. The general type of business transacted under the ☐ Retail Trade ☐ Transportation and I☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining	
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Sacob Acnowicks 6495 Bennett Rd.	Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	
nature:	Secretary of State use only