CERTIFICATE OF ASSUMED BUSINESS NAME

| | the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Cod loption of an Assumed Business Name. | IDAHO **ECRETARY de, the undersigned gives notice of? **DAHO** **IDAHO** **IDAHO** |
|----|---|---|
| 1. | The assumed business name which the u business is: Farmers Day | |
| 2. | The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: | |
| | Janice Carlson | 301 Park Ave |
| | | Idaho Falls, Idaho 834/02 |
| 3. | The general type of business transacted under the assumed business name is: | |
| 4. | The name and address to which correspondence should be addressed: Sanice Carlson | |
| | Farmers Daughter 301 Park Ave | |
| | Idaho Falls, Id signed Janice Coulom 83402By | |
| 1 | Capacity_ | owner |
| | Submit Certificate of Assumed Business Name and \$20.00 fee to: | Customer # |
| F | Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 | Secretary of State use only 12/19/1997 69:00 CK: 348 CY: 91383 BH: 65321 5 1 20.88 = 28.88 ASSUM NAME |
| | | D10593 |