

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.

NOTE: See instructions on reverse before filing.

06 MAR 24 AM 10: 19

SECRETARY OF STATE STATE OF IDAHO

J.R. FIGH	nier Wines	S
 The true name(s) and business address(es) business under the assumed business name Name 		entity or individual(s) doing Complete Address
Greg Barnes	32	16 W. Wave Dr. Meridian, Id 83642
. The general type of business transacted und	der the a	assumed business name is:
☐ Retail Trade ☐ Transportation ✓ Wholesale Trade ☐ Construction	and Pul	olic Utilities
Services Agriculture		Submit Certificate of
☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate		Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:		Secretary of State 700 West Jefferson
208 E 37th Ste #6		Basement West PO Box 83720
Garden City, Id 83714		Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	nt	Phone number (optional):
		Secretary of State use only
nature: (signature fequired) Ated Name: Greg Barnes	copMormslabn formslabn.p65 Revised 04/2003	097929
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(see instruction # 8 on back of form)

03/24/2006 05:00 CK: 1034 CT: 198458 BH: 945276 1 25:00 = 25:00 ASSUM NAME # 2