

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

(see instruction # 8 on back of form)

STATE OF IDAPID

2. The true name(s) and business address business under the assumed business	s(es) of the entity or individual(s) doing
Name	Complete Address
michael R. Smith	PO BOX 100
	Kunu Id 83634
3. The general type of business transacted  Retail Trade Transporta Wholesale Trade Services Agriculture	ation and Public Utilities ion
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Valley Cold Storast  Po. Suk 100  Kuna Id 83634	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledg copy is (if other than # 4 above).</li> </ol>	ment Phone number (optional):
	Secretary of State use only
rinted Name: Mike Smith apacity/Title: OWNEC.	IDAHO SECRETARY OF STATE  O4/04/2006  O55 = 0

CK: 1473 CT: 198842 BH: 947178 1 0 25.00 = 25.00 ASSUM MANE # 2

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