

Capacity/Title: __

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.

2016 OCT 27 PM 4: 24

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

The assumed business name which the business is:	e undersigned use(s) in the transaction of
North Star Smoked Fis	<u> </u>
The true name(s) and <u>business</u> address business under the assumed business	name:
<u>Name</u> Michael Austin	Complete Address 8/7 E/ Monte St Win Fall 83321
Dan Tackitt	864 N Star Rd Star Iduho 83669
☐ Wholesale Trade ☐ Construct	ation and Public Utilities tion
Services Maricultur Manufacturing Mining Finance, Insurance, and Real Est	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Michael Austin 817 El Monte Street Twin Fulls Idaha 87001	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
	Secretary of State use only
Signature: Dan Tankett Printed Name: Dan Tackitt Capacity/Title: Partener	IDAHO SECRETARY OF STATE 10/27/2016 05:00 CK:CASH CT:330604 BH:1552736 10 25:00 = 25:00 ASSUM NAME #2
Signature:Printed Name:	<u> </u>

abn.pmd Rev. 07/2010