



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 MAR -7 AM 8:55

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Seeds

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

David L. Payne

30 W. Idaho Ave., Glens Ferry, ID 83623

Annette M. Payne

30 W. Idaho Ave., Glens Ferry, ID 83623

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

David L. Payne

966 Old Highway 30

Glens Ferry, ID 83623

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: _____

Printed Name: David L. Payne

Capacity/Title: Partner

Signature: *Annette M. Payne*

Printed Name: Annette M. Payne

Capacity/Title: Partner

IDAHO SECRETARY OF STATE
03/07/2011 05:00
CK: 1100 CT: 150010 BH: 1262977
1 @ 25.00 = 25.00 ASSUM NAME # 2

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