

## CERTIFICATE OF ASSUMED BUSINESS NAME

O9 AUG 24 AM 8: 11

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

SECRETARY OF STATE STATE OF IDAHO

D133062

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

The assumed business name which the undersigned business is:  AUNT DODE'S DUCK FARE		
2. The true name(s) and business address(es) of the e business under the assumed business name:  Name  NANCY MAXEINER \$ 1175	ntity or individual(s) doing  Complete Address  WALKER BD VIOLA	<u>[D</u> 8367
3. The general type of business transacted under the a  Retail Trade Transportation and Pub  Wholesale Trade Construction		100
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4. The name and address to which future correspondence should be addressed:  NANCY MAXETNER NILES RETCHARDT  1175 WALKER RD  VIOLA ID 83872	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 acknowledgment copy is (if other than # 4 above);</li> </ol>	Phone number (optional): 208-882-5527	
	Secretary of State use only	Bi
Signature: Nancy Whiteiner MARCHO!		•
Printed Name: NANY MAXETHER  NALES REACHARDA  Capacity/Title: FARMERS/OWNERS	IDAHO SECRETARY OF <b>28/24/2009</b> CK: 3557 CT: 150010 B 1 8 25.00 = 25.00 AS	STATE 05:00 H: 1184289 SUN MANE : 2