



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.
Instructions are included on back of application.

FILED EFFECTIVE

11 OCT 24 AM 9:52

SECRETARY OF STATE
STATE OF IDAHO

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

Steury ~~Orchards~~ Orchards

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

<u>Name</u>	<u>Complete Address</u>
Timothy Steury (proprietor)	1021 McBride Road Pottlatch ID 83855
Diane Noel (spouse)	1021 McBride Road Pottlatch ID 83855

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 checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

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

Diane Noel
1021 McBride Road
Pottlatch ID 83855

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

Signature: Timothy Steury

Printed Name: Timothy Steury

Capacity/Title: Sole proprietor

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/24/2011 05:00
CK: 1669 CT: 150010 BH: 1295277
1 @ 25.00 = 25.00 ASSUM NAME # 2

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