Printed Name: Ellen

(see instruction # 8 on back of form)

Capacity/Title:\_\_\_

## 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.

NOTE: See instructions on reverse before filing.

The assumed business name which the und business is:  Food From The second to the content of the content o	
2. The true name(s) and business address(es) business under the assumed business name Name  Ellen Harper MEGner	e: Complete Address
3. The general type of business transacted und  Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Ellen Harper Mc Garr 24944 Coventry Prive Cald Well ID 83607	Name and \$20.00 fee to:  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 acknowledgmen copy is (if other than #4 above):</li> </ol>	t Phone number (optional): 208-459-3261
	Secretary of State use only

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IDAHO SECRETARY OF STATE
12/19/2002 05:00
CK: 1196 CT: 158010 BH: 652331
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