

Signature:\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

2017 MAR 24 PM 3 38

|                               | SECRETARY OF STATE   |  |        |   |
|-------------------------------|--|--|--------|---|
| 1.                            | The assumed business name which the undersigned use(s) in the transaction of business is:  |  |        |   |
|                               | F.E.E.D.   |  |        |   |
|                               |  | -  |        |   |
| 2.                            | The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):  Food Education and  Empowerment Destination for PO BOX 6866 Boise, ID 83707 |  |        |   |
|                               | (Name) /   | (Address)  | ooise, | ID 63707  |
|                               | (C213175)  | (**************************************                    |        |   |
|                               | (Name)   | (Address)  |        |   |
|                               | (Name)   | (Address)  |        |   |
|                               | (Name)   | (Address)  |        |   |
| 3.                            | The general type of busine  Retail Trade  Wholesale Trade  Services  | ess transacted under Construction Agriculture Manufacturir | ו      | ssumed business name is:  Transportation and Public Utilities  Mining Finance, Insurance, and Real Estate |
| 4.                            | Mailing address for future correspondence:   |  | 5.     | Name and address for this acknowledgment copy is (if other than #4):                                      |
|                               | (Name)   |  |        | (1)   |
|                               | PO BOX 6866  |  |        | (Name)  |
|                               | (Address)  |  |        | (Address)   |
|                               | Boise  | ID 83707   |        |   |
|                               | (City)   | State) (Zipcode)   |        | (City) (State) (Zipcode)  |
| Printed Name: Shannon McGuire |  |  |        | Secretary of State use only   |
| Sig                           | nature: Shife  |  | ļ      |   |
| Pri                           | nted Name:   |  |        | TEXEN CHORDEN OF OFFE   |
| Signature:                    |  |  |        | IBANO SECRETARY OF STATE 03/24/2017 05:00   |
| Printed Name:                 |  |  |        | CK:13096644 CT:172099 BH:1575512<br>10 25.00 = 25.00 ASSUM NAME #3  |

Rev. 08/2015

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