



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2015 AUG 25 AM 8:30

SECRETARY OF STATE  
STATE OF IDAHO

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

Fontes Dairy

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):

Dale Fontes 3990 N 750 E Buhl ID 83316  
(Name) (Address) (City) (State) (Zipcode)

Beverly Fontes 3990 N 750 E Buhl ID 83316  
(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

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

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

4. Mailing address for future correspondence:

Dale & Beverly Fontes  
(Name)  
3990 N 750 E  
(Address)  
Buhl ID 83316  
(City) (State) (Zipcode)

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

(Name)  
(Address)  
(City) (State) (Zipcode)

Printed Name: Dale Fontes

Signature: Dale Fontes

Printed Name: Beverly Fontes

Signature: Beverly Fontes

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

08/25/2015 05:00

CK:2308 CT:158010 BH:1489515  
1@ 25.00 = 25.00 ASSUM NAME #2

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