

## CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 8:38

Please type or print legibly.

NOTE: See instructions on reverse before filling. SECRETARY OF STATE

reverse before fi	
The assumed business name which the unders business is:	igned use(s) in the transaction of
	er Harvesting
The true name(s) and <u>business</u> address(es) of t business under the assumed business name:      Name	the entity or individual(s) doing  Complete Address  Box 293 Spirit lake 10 8386
3. The general type of business transacted under the	
Retail Trade Transportation and Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    Obin Wall Bax 29   Spirit lake 10 83869	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  208-623-6603  Secretary of State use only
ignature: Jam La Jule	osolowiy ol siate use only
(eignature required)	IDAHO SECRETARY OF STATE
	CK: 1879 CT: 158818 BH: 1812363
apacity/Title: Owner (see instruction # 8 on back of form)	DIO5391