

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2014 MAY -8 AM 8:34

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

ROCKY MOUNTAIN WHOLESALE GROWERS

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>
<u>Alpha Enterprises North, Inc.</u>	<u>12 ALPHA LANE CASCADE, ID 83611</u>
<u>(C186210)</u>	

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

- | | |
|--|--|
| <input 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 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:

ROCKY MOUNTAIN WHOLESALE GROWERS
12 ALPHA LANE
CASCADE, ID 83611

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

Signature: *Sue Paterson*

Printed Name: SUE PATERSON

Capacity/Title: PRESIDENT

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/08/2014 05:00
CK:1585 CT:296628 BH:1423840
1@ 25.00 = 25.00 ASSUM NAME #3

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