

CERTIFICATE OF ASSUMED BUSINESS NAME

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

6977719 6110:34 Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

STATE OF TURNER

The assumed business name which the unc	dersigned i	use(s) in the	transaction of	
business is:	1013igi 100 1	u36(3) III u1c	, transaction of	***
Ida Spear			⊘	10 d
				23
2. The true name(s) and <u>business</u> address(es)	of the enti	ty or individu	ual(s) doing	J
business under the assumed business name Name); 	Complete A	Address E	(F)
Froever Farms Inc.	315 0		نے سند	
(143056)				य व
			-	
			_	
3. The general type of business transacted un	nder the as	sumed busi	ness name is:	
Retail Trade Transportation	n and Publi	c Utilities		
✓ Wholesale Trade ☐ Construction				
Services Agriculture	Γ	Submit Ce	ertificate of	
☐ Manufacturing ☐ Mining	l	Assumed Business		
Finance, Insurance, and Real Estate		Name and	l \$20.00 fee to:	
4. The name and address to which future	1	Secretary		
correspondence should be addressed:		700 West Basement		
Owen for Craig Froeres	~	PO Box 8		
3150 Echo Rd			3720-0080	
Nyssa Or 97913	L	208 334-2	301	
Name and address for this acknowledgme	ent	Phone num	nber (optional):	
COPY is (if other than # 4 above).		541-	372-217	7
				,
		Secre	tary of State use only	
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- w 1	skabn.p			
ignature: Owin I from	n forms 01/200			
Printed Name: OWEN G. FROETET	oopilormelabn formslabn p65 Revised 01/2001			
Capacity/Title: Pres.	corp\fc		IDAHO SECRETARY	OF STATE

IDAHO SECRETARY OF STATE

93/19/2002 05:00

CK: 3502 CT: 158567 BH: 453133
1 2 20.00 = 20.00 ASSUM NAME # 2

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