



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

**FILED/EFFECTIVE**

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. **PH 2: 26**

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

Magic Harvest Produce

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name Kathy Hinkle

Complete Address

347 Poleline Rd.

Cliff Hinkle

TWIN FALLS, ID 83301

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 735 7527

Kathy Hinkle / Cliff Hinkle

224 Caswell AVE. W.

TWIN FALLS, ID 83301

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

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Signature:

Kathy Hinkle

Printed Name:

Kathy Hinkle

Capacity:

(see instruction # 8 on back of form)

Secretary of State use only

Revision 1/04

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09/16/2002 05:00  
CK: 4244 CT: 158018 BN: 488583  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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