CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned



gives notice of adoption of an Assum	ned Business Name.
1. The assumed business name which the business is: Ambrose Farms	97 SECH Si
The true name(s) and business address business under the assumed business n	name is/are:
<u>Name</u> Tom Ambrose Leanne Ambrose	Complete Address P.O. Box 399, Wendell \$255 Same as above
Enk Snell Kelly Snell	P.O. Box 399, Fairfield, ID 83827 Same as above
 The general type of business transacted (mark only those that apply) 	under the assumed business name is:
☐ Retail Trade ☐ Manufacture ☐ Wholesale Trade ☒ Agriculture ☐ Services ☐ Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional):
Tom Ambrose do Ambrose Fa P.O. Box 399	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledge copy is (if other than #4 above):	Secretary of State 700 West Jefferson nent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Mindesne	IDAHO SECRETARY OF STATE 12/22/1997 09:00 CK: none CT: 91523 BH: 66838
Printed Name: Tom Ambrose	
Capacity: Managing Partner (see instruction #8 on back of form)	96 1 & 29.00 = 20.00 ASSUM NAME) /067 2