



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

10 DEC 20 AM 10: 29

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:

Farmers Daughters

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

Name

Nicole Floyd

Becky Floyd

Complete Address

9358 Wright Rd, Melba, tel 83641

9358 Wright Rd Melba, tel 83641

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

Retail Trade Transportation and Public Utilities
 Wholesale Trade Construction
 Services Agriculture
 Manufacturing Mining
 Finance, Insurance, and Real Estate

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

Nicole Floyd

9358 Wright Rd

Melba, tel 83641

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

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

Signature: Nicole Floyd

Printed Name: Nicole Floyd

Capacity/Title: Owner / Partner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDaho SECRETARY OF STATE
12/20/2010 05:00
CK: 1238 CT: 253660 BH: 1251692
1 @ 25.00 = 25.00 ASSUM NAME # 2

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