



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2006 JUL 28 AM 8:57

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

DOLCINEA FARMS

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

Name

Complete Address

DENNIS RALPH MASIELLO

4767 E. 65th South IDAHO FALLS, 83406

CATHERINE ANN TRAVERSO

4767 E. 65th South IDAHO FALLS,

83406

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 type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input checked="" 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
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

DENNIS MASIELLO
4767 E. 65th South
IDAHO FALLS, ID. 83406

Phone number (optional):

208-520-0327

Signature: Dennis Masillo
(signature required)

Printed Name: DENNIS MASIELLO

Capacity/Title: OWNER

(see instruction # 8 on back of form)

9-10cp/Forms/Statute Form 565
Revised 04/2003

Secretary of State use only

0102204

IDaho SECRETARY OF STATE
07/28/2006 05:00
CK: 1268 CT: 150010 BH: 967173
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