

## CERTIFICATE OF ASSUMED BUSINESS NAME

08 JAN 25 AM 9: 02

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SHACKELFURD	FARMS PARTNERSHIP
<ol><li>The true name(s) and business address(e business under the assumed business name</li></ol>	
Name	Complete Address
CHARLES SHACKELFORD	3450 W 1400 S
	PO BOX 212
	Aberdeen, ID 83210
Wholesale Trade Construction	on and Public Utilities
<ul><li>☐ Services</li><li>☑ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:  CHARLES SHACKELFORD	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
P O BOX 212 Aberdeen, ID 83210	(208) 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent
	Secretary of State use only
nature: Machelfor (signature required)  Ited Name: CHARLES SHACKELFORD	IDAHO SECRETARY OF STATE  2/01/2008 05:00  CK: 1429959252 CT: 158010 BH: 18
pacity/Title:FARMS PARTNERSHIP	CK: 1429959252 CT: 158010 BH: 15
(see instruction # 8 on back of form)	G 25.00 ≈ 25.00 ASSUN NAME

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