



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

09 AUG 28 2009
8:19

SECRETARY OF STATE
STATE OF IDAHO

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

NATURAL NUTRIENT Solutions

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

Name

John Collins

Complete Address

Po Box 140818
GARDEN CITY ID.
83714

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 checked="" type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Po Box 140818
GARDEN CITY ID.
83714

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 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):

SAM T.

Secretary of State use only

Signature: John Collins
(Signature required)

Printed Name: John Collins

Capacity/Title: OWNER

(see instruction # 8 on back of form)

corpform101n.pdf
Revised 04/2003

IDaho SECRETARY OF STATE
08/28/2009 05:00
CK: 1725 CT: 249871 BH: 1104817
1 e 25.00 = 25.00 ASSUM NAME # 2

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