

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.

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

1. The assumed business name which the unders business is:	signed use(s) in the transaction of
Annies Orchard	
The true name(s) and business address(es) of business under the assumed business name:	the entity or individual(s) doing
Name ,	Complete Address
Carole Ann Chowning P	O. Box W. Clark fork, ID
Terry Alyn Chowning	same address 87811
3. The general type of business transacted under	the assumed business name is:
Retail Trade Transportation an Wholesale Trade Construction	d Public Utilities
☐ Services☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 1.0. Bex 121 Clark fork ID \$381	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208 266-75-77
	Secretary of State use only
ignature: <u>Apple Ann Chowning</u> rinted Name: <u>Carole Ann Chowning</u> Capacity/Title: <u>Owner</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE ### ### ### ### ### ### ### ### ######

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