



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

2014 JUL 11 AM 8:45

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:

WILLIAMS FRUIT RANCH

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

HAROLD B WILLIAMS

2455 W SOUTH SLOPE RD

JACALEEN WILLIAMS

EMMETT, ID

83617-9798

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

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

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

WILLIAMS FRUIT RANCH

2455 W SOUTH SLOPE RD

EMMETT, ID 83617-9798

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

KEY BANK

1024 S WASHINGTON AVE

EMMETT, ID 83614

Signature: *Harold B Williams*

Printed Name: HAROLD B WILLIAMS

Capacity/Title: OWNER

Signature: *Jacaleen Williams*

Printed Name: JACALEEN WILLIAMS

Capacity/Title: OWNER

Secretary of State use only

IDAHO SECRETARY OF STATE

07/11/2014 05:00

CK: 26123349 CT: 158010 BH: 1432747

1@ 25.00 = 25.00 ASSUM NAME #2

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