

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. Instructions are included on back of application.

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

2014 SEP -8 AM 10: 13

FILED EFFECTIVE

1. The assumed business name which the undersigned use(s) in the transaction of business is: BLACKBIRD FRUIT & VEGETABLE 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address **BLACKBIRD SEVEN LLC** PO BOX 670 (W127417) BLACKFOOT, ID 83221 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Minina Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 **BLACKBIRD SEVEN LLC** Boise ID 83720-0080 PO BOX 670 208 334-2301 BLACKFOOT, ID 83221 5. Name and address for this acknowledgment CODY IS (if other than # 4 above).

Signature: ___ _ Printed Name:

Capacity/Title:_ Signature: _______

Printed Name: SCOTT M PHILLIPS

Capacity/Title: MANAGING MEMBER

Secretary of State use only

IDAHO SECRETARY OF STATE 09/08/2014 05:00

CK:7001 CT:300924 BH:1440452 16 25.00 = 25.00 ASSUM NAME #2