

227



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.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Evergreen Produce
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
<u>David M. Scharf</u>	<u>HCR 62 Box 97</u>
<u>Deane Scharf</u>	<u>Maye Springs ID 83845</u>
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 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:
 David Scharf
HCR 62 Box 97
Maye Springs ID 83845
5. Name and address for this acknowledgment copy is (if other than # 4 above):
SAME

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):
208 267 2968 8258

Secretary of State use only

Signature: David M. Scharf
 Printed Name: David M. Scharf
 Capacity: Owner
 (see instruction # 8 on back of form)

Idaho Secretary of State
Revised 8/2000

INSTRUCTIONS

Optional: If the document is incorrect where can you be reached for questions? 208-267-2968 8258

Note: Filing a Certificate of Assumed Business Name does not give a business any specific right to the use of the name on the Certificate. Before filing, it might prove useful to have the Secretary of State's Office search the records for names which are identical or deceptively similar. Another business might already be using the name you wish to file; in many cases this would be a reason to select another name. Please be aware that all filings with this office are public record and are available upon request and via the Internet.

1. **When required.**
 - a. Any person who proposes to or intends to transact business in Idaho under an assumed business name shall, before beginning to transact business, file with the Secretary of State a certificate of assumed business name.
 - b. An entity which is organized, registered or admitted to the state by filing its organizational document or qualification papers with the Secretary of State is not required to file a Certificate of Assumed Business Name, except when it conducts business under a name other than its true name which appears on its organizational document or qualification papers. Formally organized or registered entities include corporations, limited liability companies, limited partnerships and limited liability partnerships.
 - c. If an individual is using both his/her legal first and last name within the business name, filing of this certificate is not required.
2. **One certificate per assumed business name.** If an individual or business conducts business under more than one assumed name, it must file a separate certificate for each assumed business name it uses.
3. **Assumed name.** Enter in item #1 the assumed business name exactly as is used in conducting the business with the public. Please note that the business name shall not include words or abbreviations which falsely imply the existence of a formally organized or registered entity.
4. **True names.** For a sole proprietorship or partnership, enter in item #2 the name and address of each individual who has a financial interest. (Since this information is public record we advise you use a business address and NOT a home address.) For a formally organized entity, enter in item #2 the true name exactly as it appears on the organizational or registration document, and its principal business address.
5. **Type of business.** Check one or more boxes in item # 3. You MUST select one of the options that best describe your business. Do not make up your own category.
6. **Correspondence address.** Enter in item #4 the address to which the Secretary of State should send future correspondence concerning this certificate.
7. **Acknowledgment address.** If you want this certificate returned to a different address from # 4, enter that address in item # 5.
8. **Signature.** The certificate must be signed by an individual who has actual authority to bind the business to legal obligations. The signer must be identified by typing his/her name below the signature and indicate in what capacity they sign (i.e. president, partner, manager, owner, etc.)

IDAHO SECRETARY OF STATE
03/04/2002 05:00
CK: 1573 CT: 158810 BH: 449614
1 @ 20.00 = 20.00 ASSUM NAME # 2

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