



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 SEP - 1 AM 9:12

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Parrott's Organic Farms & Produce

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

Name

Norma Parrott
Richard Parrott

Complete Address

2138 E 3300 N
Twin Falls ID 83301

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 checked="" 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:

Parrott's
2138 E 3300 N
Twin Falls ID 83301

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

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):

733-0381

Secretary of State use only

Signature: Norma Parrott
(signature required)

Printed Name: Norma Parrott

Capacity/Title: _____

(see instruction # 8 on back of form)

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Revised 04/2003

IDaho SECRETARY OF STATE
09/01/2005 05:00
CK: 2196 CT: 150010 BH: 989388
1 e 25.00 = 25.00 ASSUM NAME # 2

09/04/