(see instruction # 8 on back of form)

Capacity/Title: Owner



CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 006 DEC 14 AM 9: 18 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

D106354

1. The assumed business name which the undersigned use(s) in the transaction of business is: Signature, Farm Cloacce 1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name Dan mcDonald Kathy mcDonald	Sandpoint Sol. 82860
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Dan McDonald 287 Esther Lo. Sarebant W. 83864 5. Name and address for this acknowledgmen	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
copy is (if other than # 4 above):	Phone number (optional): 208-203-1095 Secretary of State use only
Signature: 2 Mc Mc Oora // Capacity/Title: Own (IDAHO SECRETARY OF STATE 12/14/2006 05:00 CK: 513436119 CT: 158010 BH: 10196 1 25.80 = 25.00 ASSUM MANE 1