## CER' TIFICATE OF ASSUMEL) BUSINESS NAME

Pursuant to Section 9. 3-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

**FILED EFFECTIVE** 

2015 DEC -7 PM 12: 38

SECRETARY OF STATE STATE OF IDAHO

Please type o r print legibly.
Instructions are included 1 on back of application.

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The assumed business name which the under business is:  Sunf. wur	Farms and Shop
2. The true name(s) and <u>businer</u> <u>s</u> address(es) or business under the assumed ousiness name:  Name  Lindsay Ctap()	Complete Address  3565 East 3000 North  Kimberly, ID  83341
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed buşiness name is:  nd Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Sunflower farms & 3565 E. 3000 M.  Numberty LO 33341	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE  12/08/2015 05:00  CK:1142 CT:158010 BH:1503329  10 25.00 = 25.00 ASSUM NAME #2
Printed Name:	183067
Capacity/Title:	()100001

abri.pmd Rev. 0/2010