

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

05 NOV 29 PH 3: 08

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Capacity/Title: MANAGINE MEMBER

(see instruction # 8 on back of form)

SECHE OF STATE STATE OF DAHO

D94048

The assumed business name which the un business is:	dersigne	d use(s) in the transaction of
TERPA HATIVA VINEYARD	5	
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name PERCHIE SPRINGG VVC (W310)	ne:	entity or individual(s) doing Complete Address Complete Address Complete Address
3. The general type of business transacted un	nder the a	assumed business name is:
Retail Trade		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 acknowledgme copy is (if other than # 4 above):	ent	Phone number (optional): 34G 24-21
) 1001 E		Secretary of State use only
Signature: (signature required) Printed Name: HCHARO A. FAVEVEK	rms\abn forms\abn.p65 evised 04/2003	IDAHO SECRETARY OF STATE 11/29/2005 05:00 CK: 1850 CT: 63124 BH: 924262 1 0 25.00 = 25.00 ASSUM NAME # 2