

Signature: \_\_\_\_

Capacity/Title:\_\_\_

Printed Name:

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

## FILED EFFECTIVE

2015 APR -3 AM 9: 11

SECRETARY OF STATE

## Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction business is: **OGLIOGLES FARMS** 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 16189 Drakes Ln, Caldwell, ID 83607 Wallace Hauck 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Agriculture Services Submit Certificate of | Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and **\$25.00** fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street Wallace Hauck PO Box 83720 Boise ID 83720-0080 16189 Drakes Ln 208 334-2301 Caldwell, ID 83607 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only Signature: \_\_\_\_/\_\_/ Printed Name: Wallace N Hauck IDAHO SECRETARY OF STATE 04/03/2015 05:00 Capacity/Title: Owner

CK:4188 CT:158010 BH:1469201 16 25.00 = 25.00 ASSUM NAME #2

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