Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2018 JUN 11 AM:10: 45 SECRETARY OF STATE

. The assumed business n	ame which the undersigne	ed use(s) in the transaction of business is 10
Metier Farm		
the assumed business n	ame (do <u>not</u> include the name	
Bobbi Calentine	1031 Spring Valley Rd Troy, ID 83871	
(Name)	(Address)	
. The general type of busir	ess transacted under the	assumed business name is:
☐ Retail Trade☐ Wholesale Trade☐ Services	☐ Construction☒ Agriculture☐ Manufacturing	☐ Transportation and Public Utilities ☐ Mining ☐ Finance, Insurance, and Real Estate
. Mailing address for future	correspondence:	5. Name and address for this acknowledgment copy is (if other than # 4):
Metier Farm		
(Name) 1031 Spring Valley Rd		(Name)
(Address)		(Address)
Troy, ID 83871	(State) (Zipcode)	(City) (State) (Zipcode)
rinted Name: Bobbi Calentine		Secretary of State use only
ignature: Della	in trac	
rinted Name:		IDAHO SECRETARY OF STATE 86/11/2018 05:00
ignature:		CK:8163 CT:358969 BH:1648147 16 25 00 = 25.00 ASSUM NAME #2
rinted Name:		
ignature:		D 203316

Rev. 08/2015