FILED EFFECTIVE

2015 AUG 10 AM 9: 32

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

Òma		ان ت
SECRETARY C STATE OF IE		
STATER	IF ST	ATE
OF I	ועומי	ZIE.
***	~~~(J

1. The assumed business nar	ne which the undersig	ned use(s) in the trar	saction of business	i is:
13 Foods				
2. The individual and/or entity	names and business	address(es) of those	doing business und	ier
the assumed business nar				B2504
Anderson Northwest LL	C 3237 18th Street	Li (Ci	ewiston ID	83501 (Zipcode)
(Name) (W 23623)	(,,,	·		
(Name)	(Address)	(Ca	(State	(Zipcode)
(Name)	(Address)	(C)	y) (State) (Zigoode)
(Name)	(Address)	(C)	iy) (State	(Zipcode)
The general type of busine	in transported sarder th	a accumad hucinace	namo le	
	arrand A			Hilitiaa
	Construction Agriculture	(ranspor	tation and Public U	unies
Services	Manufacturing	7	Insurance, and Re	al Estate
4. Mailing address for future of Michael M. Anderson	Soliespolide & E.	COPY IS (if other that N/A Name)	ess for this acknown#4):	
P.O. Box 2257		(Address)		
(Address) Lewiston	ID 83501	(Address)		
	State: (Zipcode)	(City)	(State)	(Zipcode)
Printed Name: Michael M. An	derson, member	Seci	retary of State use only	
Signature: Mull A				
Printed Name:	And the state of t			
Signature:				
Printed Name:	r			
Signature:		The second secon	IDAHO SEC	RETARY OF STAT
	Rev. 9807015		08/10/	2015 05:00

CK:1221 CT:285633 BH:1487404 18 25.00 = 25.00 ASSUM NAME #2