



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED & PRACTICABLE

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

07 AUG 22 AM 8:46

Please type or print legibly.

NOTE: See instructions on reverse before filing. **SECRETARY OF STATE
STATE OF IDAHO**

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Sheppard Fruit Wines

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

James P. Sheppard

Complete Address

PO Box 255, Harrison, ID 83833

Julie A. Sheppard

PO Box 255, Harrison, ID 83833

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/>	Retail Trade	<input type="checkbox"/>	Transportation and Public Utilities
<input type="checkbox"/>	Wholesale Trade	<input type="checkbox"/>	Construction
<input type="checkbox"/>	Services	<input type="checkbox"/>	Agriculture
<input checked="" type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Mining
<input type="checkbox"/>	Finance, Insurance, and Real Estate		

4. The name and address to which future correspondence should be addressed:

Sheppard Fruit Wines

PO Box 255

Harrison, ID 83833

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 acknowledgment copy is (if other than # 4 above):

same

Secretary of State use only

Signature:

(signature required)

Printed Name: James P. Sheppard

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDaho SECRETARY OF STATE
08/22/2007 125:00
CK: 4861 CT: 158818 BH: 1071882
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