



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

01 APR 16 PM 2:10

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Blue Flax 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

Michael D. Nelson

9385 S. Terrell Rd, McCammon, ID 83250

Elizabeth J. Nelson

9385 S. Terrell Rd, McCammon, ID 83250

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 checked="" type="checkbox"/> Agriculture |
| <input 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:

Blue Flax Farms

9385 S. Terrell Rd

McCammon, ID 83250

Submit Certificate of
Assumed Business
Name and \$20.00 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):

Phone number (optional):

208-254-3436

Signature: Michael D. Nelson

Printed Name: Michael D. Nelson

Capacity: Proprietor

(see instruction # 8 on back of form)

g:\corptforms\labn form\labn.p65 Revised 01/2001

Secretary of State use only
IDAHO SECRETARY OF STATE

04/17/2001 09:00
CK: 5144 CT: 145121 BH: 391523

1 @ 20.00 = 20.00 ASSUM NAME # 2

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