



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 MAY -4 AM 9: 22

SECRETARY OF STATE
STATE OF IDAHO

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

New Harvest University

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Rhonda L. Cramer 36 Sunburst Rd. Horseshoe Bend,

(Name)

(Address)

ID 83629

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Rhonda L. Cramer

(Name)

36 Sunburst Rd.

(Address)

Horseshoe Bend, ID 83629

(City)

(State)

(Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: RHONDA CRAMER

Signature: Rhonda L. Cramer

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Rev 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

05/04/2016 05:00

CK:6446 CT:158010 BH:1526778

1@ 25.00 = 25.00 ASSUM NAME #2

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