FILED EFFECTIVE

227	
CERTIFICATE OF ASSUMED BUSINESS NAM	/E 2013 AUD -
Pursuant to Section 53-504, Idaho Code, the undersi submits for filing a certificate of Assumed Business N Please type or print legibly.	Name. SECRETARY OF OTHER
Instructions are included on back of application.	
1. The assumed business name which the undersigned use(s) in the transaction of business is: <u>Twrg and Vine Olive Oil</u>	
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: <u>Name</u> <u>Juli</u> <u>Richards</u> <u>Mike Richards</u> <u>201 Fior View Dr. 5tc./02, T.F., TD 83402</u> <u>Mike Richards</u> <u>201 Fior View Dr. 5tc./02, T.F., TD. 83402</u>	
3. The general type of business transacted under the assumed business name is: X Retail Trade Transportation and Public Utilities X Wholesale Trade Construction X Services Agriculture X Manufacturing Mining X Finance, Insurance, and Real Estate Submit Certificate of Assumed Business	
4. The name and address to which future correspondence should be addressed: <u>Juli Richards</u> <u>901 Risc View Dr. Ste. 102</u> Idaho Falls, ID 83402	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Juli Kukil Printed Name: Juli Richards Capacity/Title: 1 OWNer	Socretary of State use only
Signature: <u>fulle</u> Printed Name: <u>Mithod</u> U-Lichards Capacity/Title: <u>Ourser</u> etc.prid Rev. 072010	IDANO SECRETARY OF STATE 08/06/2012 05:00 CK: 1585 CT: 273847 BH: 1334988 1 8 25.88 = 25.88 ASSUM NAME # 2
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