

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

## Please type or print legibly. Instructions are included on back of application.

## FILED EFFECTIVE

11 NOV 17 AM 9: 02

SECRETARY OF STATE STATE OF IDAHO

Legacy Farm	
2. The true name(s) and <u>business</u> a business under the assumed bus Name  Legacy Agro Business  (K917)	ddress(es) of the entity or individual(s) doing iness name: <u>Complete Address</u> 2890 Cold Creek Rd American Falls ID 83211
Retail Trade Trar Wholesale Trade Cor	Assumed Business
The name and address to which correspondence should be address to be addressed by the should be a	Secretary or State
5. Name and address for this acknown copy is (If other than # 4 above):  Brett Leyshon PO Box 223  American Falls ID 83211	Secretary of State use only
gnature: Brat Leyshon apacity/Title: Member gnature: Lisa Leyshon anacity/Title: Member	IDAHO SECRETARY OF STATE  11/17/2011 05:  CK: 7351 CT: 162648 BH: 125  1 9 25.08 = 25.00 ASSUM MA

abn.pmd Rev 07/2010

D151433