

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Filing fee: \$25.00.

2017 APR 18 AN 10: 44

1.	The assumed business name which the undersigned use(s) in the transplant plans is: Sowing SEEDS						
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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):						
	Firstfruits Foundation PO BOX 510, Challis, 10 83226						
	(Name) Inc (Address)						
	(Name)	(Address)					
	(Name)	(Address)					
	(Name)	(Address)	 			<u> </u>	
3.	The general type of business transacted under the assumed business name is:						
	Retail Trade Wholesale Trade	Construction Agriculture	n	☐ Tran	sportation and Pub	olic Uti	lities
	Services Manufacturing Finance, Insurance, and Real Es						l Estate
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4):						
	Sowing SEEDS						
	(Name) (Name) PO Box 510						
	(Address) (Address)						
	Challis, ID 83226	tate) (Zipcode)		(City)	(State	a)	(Zipcode)
Printed Name: Christopher W. JAMES			<u></u>	Secretary of State use only			
Printed Name: Christopher W. James Signature: Christopher w. James				IDANO SECRETARY OF STATE 04/18/2017 05:00			
Printed Name:				CK:7446 CT:277009 BH:1579798			
Signature:			ļ	IG 25.	00 = 25.00 ASS	_	EMEL #2
Printed Name:					D19389	$\supset U$	

Rev. 08/2015