

Signature: Mohim h

Capacity/Title:__

Printed Name: Melvin (

(see instruction #8 on back of form

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2003 AUG 15 AM 8: 48

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: happell Farms Consulting 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 2727 W. 15005th 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services X Agriculture Submit Certificate of Manufacturing Assumed Business Name and \$20.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 berdeen. Id. 83210 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than # 4 above): Secretary of State use only

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IDAHO SECRETARY OF STATE

08/29/2003 05 200

CK: 3479 CT: 158610 BH: 699837

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