



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 JUN 14 AM 8:37
SECRETARY OF STATE
STATE OF IDAHO

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

Simpson's Sweet Corn

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):

<u>E and C Farms, Inc</u> (Name)	<u>17851 Madison, Nampa, Idaho 83687</u> (Address)
<u>Ed Simpson</u> (Name)	<u>17851 Madison Nampa, ID 83687</u> (Address)
<u>Caroly Simpson</u> (Name)	<u>17851 Madison Nampa, ID 83687</u> (Address)

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Construction	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

<u>E and C Farms</u> (Name)	<u>17851 Madison</u> (Address)	
<u>Nampa,</u> (City)	<u>Idaho</u> (State)	<u>83687</u> (Zipcode)

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

<u></u> (Name)	<u></u> (Address)	
<u></u> (City)	<u></u> (State)	<u></u> (Zipcode)

Printed Name: Ed Simpson

Signature: Ed Simpson

Printed Name: Caroly Simpson

Signature: Caroly Simpson

Printed Name: _____

Signature: _____

Secretary of State use only

IDaho SECRETARY OF STATE
06/15/2016 05:00
CK:10059 CT:325653 BH:1533287
1@ 25.00 = 25.00 ASSUM NAME #2

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