



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

02/27/02 05:00  
STATE OF IDAHO  
REC'D 27 FEB 9 16

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

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

Sunbeam Farms

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Linda Albers

Complete Address

22332 Tucker Rd  
Greenleaf, ID 83424

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

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

4. The name and address to which future correspondence should be addressed:

Linda Albers  
Sunbeam Farms  
22332 Tucker Rd  
Greenleaf, ID 83424

Submit Certificate of  
Assumed Business  
Name and **\$20.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

208/453-4987

Secretary of State use only

Signature: Linda Albers

Printed Name: Linda Albers

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 01/2001

IDANO SECRETARY OF STATE  
02/27/2002 05:00  
CK: 1018 CT: 157938 BH: 448798  
1 @ 20.00 = 20.00 ASSUM NAME # 2

DS2486