

Capacity/Title: <u>owner</u>

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

09 DEC 14 AM 9: 15

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

Please type or print legibly.

_	usiness is: Apple Orchard Quili	ting Services
	he true name(s) and business address(es usiness under the assumed business nam Name Barhara J. Jones	
i. Th	ne general type of business transacted un	der the assumed business name is:
	Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
co	ne name and address to which future prespondence should be addressed: Oarbora J. Jones 385 N 150 W Blackfoot, ID 83221	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
	lame and address for this acknowledgmer opy is (if other than # 4 above):	nt .
		Secretary of State use only

CK: 8858 CT: 158810 BH: 1198957 1 9 25.00 = 25.08 ASSUM NAME # 2

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