



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE

02 JUN 18 PM 1:46

SECRETARY OF STATE
STATE OF IDAHO

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

GEM STATE FOODS

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

E.C. REYNICK

8033 W. APPOMATTOX LN

M.A. REYNICK

8033 W. APPOMATTOX LN

MICHAEL J. POTTLE

8033 W. APPOMATTOX LN

BOISE, ID 83703

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 checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input 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:

GEM STATE FOODS
8033 W. APPOMATTOX LN
BOISE, ID 83703

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) 853-0609

Signature: _____

E.C. REYNICK
(signature required)

Printed Name: _____

E.C. REYNICK

Capacity/Title: _____

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn_forms\labn.p65
Revised 12/2001

IDAHO SECRETARY OF STATE
06/18/2002 05:00
CK: 2002 CT: 155394 BH: 472479
1 @ 20.00 = 20.00 ASSUM NAME # 2

D55898