

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned AUG 30 AM 8: 43 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

(see instruction # 8 on back of form)

SECRETARY OF CLASE

business is:	
McCall Winery	
2. The true name(s) and business address(es) of the elbusiness under the assumed business name:	ntity or individual(s) doing
Name	Complete Address
Rita E Bolli	1446 Divot Lane
	PO Box 2861
	McCall, ID 83638
 Manufacturing	Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
Rita E Bolli	Basement West PO Box 83720
47323 Tomahawk Drive	Boise ID 83720-0080
Negley, OH 44441	208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
McCall Winery / Rita E Bolli	
PO Box 2861	Secretary of State use only
McCall, ID 83638	• • • • • • • • • • • • • • • • • • • •
gnature: (wignature required) (mignature required) (mignature Rita E Bolli) (mignature required) (mignature required)	•
MIND KOM	
nted Name: Rita E Bolli pacity/Title: Owner	IDAHO SECRETARY OF STATE 08/30/2006 05:(

D103240