CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned

	gives notice of adoption of an Assumed Business Name. 🧠 🥠		
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	_ Foxwood Farm		The second second
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	<u>Name</u>	Cor	nplete Address
		163 W.Be	nplete Address acon Light R.L. Eagle ID 83614
	Patricia K. Thoman		
3.	The general type of business transacted un (mark only those that apply)	der the assu	med business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Final Final	insportation and Public Utilities ance, Insurance, and Real Estate
4.	The name and address to which future Placerespondence should be addressed:	hone nu mbe i	(optional): <u>208 939-1765</u>
	Patricia K. Thoman	-	Submit Certificate of
	1963 W. Beacon light Rd.		Assumed Business Name and \$20.00 fee to:
	Eagle ID 83616	;	
	Day 10 20 80010		Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgmen CODY is (if other than # 4 above):	t	Basement West
	COPY 10 (II Other than \$ 4 above).		PO Box 83720 Boise ID 83720-0080 208 334-2301
			Secretary of State use only
		rejon 1/96	IMMO SECRETARY OF STATE
		Sel Sel Sel Sel Sel Sel Sel Sel Sel Sel	04/12/1999 09:00 CK: 5153 CT: 11357 10: 206277

Signature: Stricia Printed Name: Hatr

Capacity: Owner- Manager

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