



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

~~FILED/EF/1~~ **ACTIVE**

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned - I AM 10: 39  
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:

R & D HARVEST

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

JAMES R JONES Name

Complete Address

83805

6696 MAIN ST. BONNERS FERRY ID

DIANE L JONES

" "

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208 267 5466

R & D HARVEST

HCR 61 Box 125 BA

BONNERS FERRY ID. 83805

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

Signature: James R Jones

Printed Name: JAMES R JONES

Capacity: Owner

(see instruction # 8 on back of form)

Revision 12/99

g:\corporations\p65

Secretary of State use only

IDaho SECRETARY OF STATE

05/01/2000 09:00  
CK: 1 CT: 130444 BH: 313915

1 @ 26.00 = 26.00 ASSUM NAME # 2

D 35427