

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. Instructions are included on back of application.

7	
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed E	NAME he undersigned
Please type or print legibly. Instructions are included on back of app	olication.
The assumed business name which the un business is: Kaufman Farms	idersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(est business under the assumed business namename Name Kaufman Family Farms, LLC (W 124156)	
3. The general type of business transacted ur Retail Trade ☐ Transportation Wholesale Trade ☐ Construction Services ☑ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Kaufman Farms 1836 Birch Court Lewiston, ID 83501	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above): Steve R. Cox PO Box 446 Lewiston, ID 83501	Secretary of State use only
Signature: <u>Steven N. Kaufman</u> Printed Name: Steven N. Kaufman Capacity/Title: Manager	,
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	05/08/2013 05:00 CK: 3823 CT: 1116 BH: 1373882 1 0 25:00 = 25:00 ASSUM MANE # 2

abn.pmd Rev. 07/2010

D163120

Capacity/Title:_

S Ρ