

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

'FILED/EFFECTIVE

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

2007 APR -1 AM 11: 35

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

	STATE OF IDAHO
1. The assumed business name which the undersign	gned use(s) in the transaction of
business is:  North End	Organics
2. The true name(s) and <u>business</u> address(es) of th business under the assumed business name:	e entity or individual(s) doing
Name	Complete Address
Malia E Collins 20	20 N. 26 - St. Buise, 10 8 70
Mindy Goedman 170	20 N. 26 - St. Buise, 10 8770, 8 N.8-St. Duse, 10 83702
3. The general type of business transacted under the	he assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction	Public Utilities
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Malia Collins 2020 N 210th St	PO Box 83720 Boise ID 83720-0080 208 334-2301
Mindy Goodman, 1708 N 85 St.  5. Name and address for this acknowledgment copy is (if other than #4 above):	Boist, い 8370み Phone number (optional):
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Malia Collins 2020 N. 21= St.	Secretary of State use only
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inted Name: Mali 9 Colin 1 100 person	

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IDAHO SECRETARY OF STATE

94/92/2002 05:00

CK: 1721 CT: 158010 BH: 456141
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