

CERTIFICATE OF ASSUMED BUSINESS NAME

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

	OF OS NAME O, the undersigned of Business Name. Opplication.
CERTIFICATE O	F EFF
ASSUMED BUSINES	SS NAME
Pursuant to Section 53-504, Idaho Code submits for filing a certificate of Assumed	, the undersigned d Business Name
Please type or print legibly.	37/2/2/2/
instructions are included on back of a	oplication.
The accumend have in a constant of the state	
The assumed business name which the ubusiness is:	undersigned use(s) in the transaction of
SHAMROCK VALLEY PRODUCE	
The true name(s) and <u>business</u> address(
business under the assumed business na	
Name Pickey C Bellevil	Complete Address
Rickey G Pollard	16642 Bates Creek Road, Oreana, ID 83650
Linda J Pollard	16642 Bates Creek Road, Oreana, ID 83650
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estat The name and address to which future correspondence should be addressed: Rick & Linda Pollard PO Box 275 Grand View, ID 83624	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above):	ent
ature: Sukey & Solland	Secretary of State use only
ed Name: Rickey G Poliard	
acity/Title: Co-owner	-
sture Toil follow	IDAHO SECRETARY OF STATE 96/95/2013 95:99
ed Name: Linda J Pollard	CK: 2871 CT: 283937 BH: 137671; 1 P 25.88 = 25.88 ASSUM NAME

D143686

Capacity/Title: Co-owner