



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 SEP -6 AM 10:20
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

EWE N ME FARM

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

CAROL PLOUSSARD 2994 N 8000 E TETON ID 83451

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

3. The general type of business transacted under the assumed business name is:

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

4. Mailing address for future correspondence:

CAROL PLOUSSARD

(Name)

2994 N 8000 E

(Address)

TETON, ID 83451

(City)

(State)

(Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

BANK OF IDAHO

(Name)

PO BOX 126

(Address)

ST ANTHONY ID 83445

(City)

(State)

(Zipcode)

Printed Name: CAROL L PLOUSSARD

Signature: Carol L Ploussard

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/06/2016 05:00

CK:147494 CT:328663 BH:1544978

1@ 25.00 = 25.00 ASSUM NAME #2

D188996