

## **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.

Please type or print legibly.

01 SEP 26 AM 8: 51

STATE OF IDALIGATE

NOTE: See instructions on reverse before	filing. STATE OF IDAHO
The assumed business name which the undersigned use(s) in the transaction of business is:  /	
Luna Fertilizi	ng
	f the entity or individual(s) doing  Complete Address  O25 Squall Valley of Nampacld  S25 Asport Rol NampaTJ (83687)
The general type of business transacted under the assumed business name is:	
☐ Retail Trade ☐ Transportation a ☐ Wholesale Trade ☐ Construction	and Public Utilities
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business Name and \$20.00 fee to:
Finance, Insurance, and Real Estate  4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Macor CLuna	Basement West PO Box 83720
4025 Squall Velley Dr Namone Id 83687	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment	Phone number (optional):
CODY IS (if other than # 4 above).	(208) 442-0237
	Secretary of State use only
Printed Name:	IDAHO SECRETARY OF STATE  BOYCOM  CK: 2624 CT: 151746 H: 421151  1 8 28.88 = 26.66 ASSUM NAME # 2

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