



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

12 JAN 12 AM 9:09

SECRETARY OF STATE
STATE OF IDAHO

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

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

Sandpoint Organic Orchard

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Dakota Consulting, LLC</u>	<u>1 Coldwater Creek, Sandpoint, ID 83864</u>
<u>(w) 16856</u>	

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

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

4. The name and address to which future correspondence should be addressed:

Dakota Consulting, LLC
1 Coldwater Creek Dr.
Sandpoint, ID 83864

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

Dakota Consulting, LLC
1 Coldwater Creek Dr.
Sandpoint, ID 83864

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

Signature:

Printed Name: Dennis C Pence

Capacity/Title: Managing Member

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 01/12/2012 05:00
 CK: 3570 CT: 265874 BH: 1385824
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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