



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

02 AUG 13 PM 2:02

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Homestead Perennials

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

Name	Complete Address
<u>Old Valley Farm</u>	<u>4557 Old Valley Rd</u>
<u>Kathy Ellensohn &</u>	<u>Kagle, Id 83616</u>
<u>Tim Fease</u>	

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

- | | |
|--|--|
| <input checked="" 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 type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Old Valley Farm
4557 Old Valley Rd
Kagle, Id 83616

Phone number (optional):

208-939-2402

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

Signature: Kathy A. Ellensohn
(signature required)

Printed Name: Kathy A. Ellensohn

Capacity/Title: owner

(see instruction # 8 on back of form)

g:\corp\forms\stbn_forms\stbn.p65 Revised 12/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
08/13/2002 05:00
CK: 21601 CT: 162673 BH: 482498
1 @ 20.00 = 20.00 ASSUM NAME # 2

057327