



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 DEC -7 AM 9:20

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:

Spring Valley Farms

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

Donald W. Port

1820 Little Bear Ridge Rd., Troy, ID 83871

Shirley S. Port

1820 Little Bear Ridge Rd., Troy, ID 83871

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:

Donald W. Port

1820 Little Bear Ridge Road

Troy, ID 83871

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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

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

Aherin, Rice & Anegon

P.O. Drawer 698

Lewiston, ID 83501

Phone number (optional):

Secretary of State use only

Signature: X Donald W Port
(signature required)

Printed Name: Donald W. Port

Capacity/Title: Owner

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE
12/07/2005 05:00
CK: 8982 CT: 47677 BH: 925534
1 @ 25.00 = 25.00 ASSUM NAME # 2

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