

## **CERTIFICATE OF** ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name RETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse before filing.

ORCHARD PARTNERS	
2. The true name(s) and business address business under the assumed business r  Name  ORCHARD PARTNERS LLP	S(es) of the entity or individual(s) doing name:  Complete Address  1424 N. Orchard Street, Boise, ID 83704
3. The general type of business transacted  Retail Trade Transportat  Wholesale Trade Construction	tion and Public Utilities
<ul><li>☐ Services</li><li>☐ Agriculture</li><li>☐ Manufacturing</li><li>☐ Mining</li><li>✓ Finance, Insurance, and Real Esta</li></ul>	Assumed Business
The name and address to which future correspondence should be addressed:     1424 N. Orchard Street, Boise, ID 83704	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledge copy is (if other than # 4 above).</li> </ol>	ment Phone number (optional):
	Secretary of State use only
gnature: (signature required) inted Name: Scott Chandler	Secretary of State
apacity/Title: Managing Partner  (see instruction # 8 on back of form)	- IDAHO SECRETARY OF STATI  94/97/2004 05 = CK: 88218 CT: 1177 BH: 73' 1 25.06 = 25.00 ASSUM M