



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO ^{01 SEP 14 AM 10:15}
 Pursuant to Section 53-504, Idaho Code, the undersigned
 gives notice of adoption of an Assumed Business Name

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

Split Rock Produce & Nursery

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

Name

Complete Address

Patricia A Colby

432 Willow Creek Road

Priest River, Idaho 83856

3. The general type of business transacted under the assumed business name is:
 (mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

Phone number (optional):

432 Willow Creek Road

Priest River, Id 83856

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

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

Secretary of State use only

Signature:

Printed Name: Patricia A Colby

Capacity: owner

(see instruction # 8 on back of form)

Revision 12/99

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 10/01/2001 05:00
 CK: 114926507 CT: 151281 BH: 421899
 1 @ 20.00 = 20.00 ASSUM NAME # 2

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