

Printed Name: (

Capacity/Title: \_\_\_own.

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

11 NOV -1 AM 8:38

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

SECRETARY OF STATE

	STATE OF IDAHO
1. The assumed business name which the undersigned use(s) is business is: pospace WheatHeart Station	
	ete Address  y Circle Emmett ID. 8361.  B361.
Manufacturing   Intrining   Assur	
correspondence should be addressed:  Wheat Heart Station  2715 Cherry Cicle  Emmett in 83617	etary of State forth 4th Street ox 83720 ID 83720-0080 34-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):  Linda Stepan  2715 Cherry Cicle  Emmeth 18 83617	Secretary of State use only
rinted Name: Linda Stepon Capacity/Title: Owner Signature:	

abn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE 11/01/2011 05:00 CK: 6405 CT: 158010 BH: 1296413 1 8 25.00 = 25.00 ASSUM NAME # 2

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