



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO **FILED**  
 Pursuant to Section 53-504, Idaho Code, the undersigned  
 gives notice of adoption of an Assumed Business Name. **JUN 10 11 09 AM '98**  
 SECRETARY OF STATE

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

HEALTHY CHOICE FRUIT COMPANY

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

<u>Name</u>	<u>Complete Address</u>
<u>TUCKER LEWIS</u>	<u>HEALTHY CHOICE FRUIT CO.</u>
<u>223 S. 19<sup>TH</sup> AVE.</u>	<u>P.O. Box 1661</u>
<u>NAWPA ID. 83651</u>	<u>NAWPA ID 83651</u>

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

TUCKER LEWIS  
P.O. Box 1661  
NAWPA ID 83651

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: Tucker Lewis

Printed Name: TUCKER LEWIS

Capacity: PRESIDENT (OWNER)

(see instruction # 8 on back of form)

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  
 IDAHO SECRETARY OF STATE

06/10/1998 09:00  
 CK: 1340 CT: 99895 IN: 110373

1 @ 20.00 = 20.00 ASSUM NAME

D15728

Revision 1/98

g:\corp\information p65