

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE  
01/21/21 10:04  
STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO  
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:

**Consolidated Meal**

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

**Independent Food Corporation**  
(C-72060)

**P.O. Box EE**  
**Twin Falls, ID 83303**

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input 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:

Phone number (optional): \_\_\_\_\_

Patrick Florence  
Independent Food Corporation  
P.O. Box EE  
Twin Falls, ID 83303

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

J. Walter Sinclair  
Benoit, Alexander, Sinclair, Harwood & High, LLP  
P.O. Box 366  
Twin Falls, ID 83303-0366

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

Signature: \_\_\_\_\_

Printed Name: Patrick Florence

Capacity: President

(see instruction #8 on back of form)

IDAHO SECRETARY OF STATE  
11/21/2001 05:00  
CK: 26679 CT: 2053 BH: 430827  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D50045