

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2017 MAY -2 AM 11: 19

1.	The assumed business name which the undersigned use(s) in the traps of STATE business is: Blue Crown Berries The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1): Vincent Onkoba 7087 N. Valley St., Dalton Gardens, ID 83815							
2.								
	(Name) (Address)				Dalton Gardens, ID 83815			
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	(Name) (Address)							
3.	Retail Trade Wholesale Trade Services		Construction Agriculture Manufacturin	ng	☐ Transp ☐ Mining ☐ Financ	oortation and Public 3 e, Insurance, and R	Real Estate	
4.	Mailing address for future correspondence: Vincent Onkoba (Name) 7087 N. Valley St.			5.	Name and address for this acknowledgment copy is (if other than #4):			
					(Name)			
	(Address) Dalton Gardens, (City)	ID (State)	83815		(Address)			
	•	(State)	(Zipcode)	_	(City)	(State)	(Zipcode)	
	inted Name: Vincent Or	4 /			s	ecretary of State use only		
Printed Name! Melina Onkoba					IDAHO SECRETARY OF STATE 05/02/2017 05:00 CK:1086 CT:338959 BH:1582060 16 25.00 = 25.00 ASSUM NAME #3			
	gnature: <u>Milito Difficilo</u> inted Name:							
(I	med Name,				DI	91/173		

Rev. 08/2015