

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 SEP -6 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

G.R. DROWN FARMS

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

GAYLORD R DROWN

2302 E 4000 N FILER, ID 83328

MAXINE DROWN

2302 E 4000 N FILER, ID 83328

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

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

GAYLORD R. & MAXINE DROWN

2302 E 4000 N

FILER, ID 83328

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Gaylord R. Drown

Printed Name: GAYLORD R DROWN

Capacity/Title: OWNER

Signature: Maxine Drown

Printed Name: MAXINE DROWN

Capacity/Title: OWNER

Secretary of State use only

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IDAHO SECRETARY OF STATE
09/07/2011 05:00
CK: 4828 CT: 262211 DN: 1289353
1 @ 25.00 = 25.00 ASSUM NAME # 2