

Signature(

Signature:

Printed Name:

Signature:____

Printed Name:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

2017 JUN 21 AM 8: 48

1. The assumed business name which the undersigned use(s) in the transaction of business is: Bloom Food 2. 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): Blaine County Hunger (Name) (Address) Coalition, Inc. 121 Honeysuckle Street, Bellevue, ID 83313 (Name) 154212 (Address) (Name) (Address) 3. The general type of business transacted under the assumed business name is: Retail Trade Construction Transportation and Public Utilities Wholesale Trade Agriculture Mining X Services Manufacturing Finance, Insurance, and Real Estate 4. Mailing address for future correspondence: 5. Name and address for this acknowledgment CODY IS (if other than # 4): The Hunger Coaltiion (Name) (Name) 121 Honeysuckle Street (Address) (Address) Bellevue, ID 83313 (City) (State) (Zipcode) (City) (State) (Zipcode) Printed Name: Jeanne Liston Secretary of State use only

1DAHO SECRETARY OF STATE 06/21/2017 05:00

CK:2153 CT:341500 BH:1589930 16 25.00 = 25.00 ASSUM NAME #2

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