

Signature: _/

Printed Name: Bar + Rayne

(see instruction # 8 on back of form)

Capacity/Title: (1) wn er

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

SECHETARY OF STATE STATE OF IDAHO

10 JAN 21 AM 8:21

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Next Generation O	rganics	
. The true name(s) and business address(es) of the business under the assumed business name:	e entity or individual(s) doing	
Name	Complete Address	
Bart Rayne	323 W. Nevada P.O Box 211	
	Homedale, ID 83628	
	4 & 4.	
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Bart Rayne	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
Po Box 211	(208) 334-2301	
Homedale, ID 83628		Į.
5. Name and address for this acknowledgment copy is (If other than #4 above):		
	Secretary of State use only	

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IDAHO SECRETARY OF STATE

01/21/2010 05:00

CK: 16996937398 CT: 158810 BH: 1284388
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