



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

12 APR 17 AM 9:01

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:

Wilsons Windy Whistlepig Farm

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

Sharon L. Wilson

1573 SE Hamilton Rd., Mountain Home, ID 83647

Michael L. Wilson

1573 SE Hamilton Rd., Mountain Home, ID 83647

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 | |

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

4. The name and address to which future correspondence should be addressed:

Wilsons Windy Whistlepig Farm

1573 SE Hamilton Rd.

Mountain Home, ID 83647

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

Signature: Sharon L. Wilson

Printed Name: Sharon L. Wilson

Capacity/Title: Owner

Signature: Michael L. Wilson

Printed Name: Michael L. Wilson

Capacity/Title: Owner

Secretary of State use only

IDAHO SECRETARY OF STATE
04/17/2012 05:00
CK: 1361 CT: 150018 BH: 1320126
1 @ 25.00 = 25.00 ASSUM NAME # 2

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