



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

2003 MAY 27 AM 8:52

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Osgood Orchards

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

Joanne G. Cates

2503 west 49th North

Idaho Falls, ID

83402

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:

Joanne Cates

2503 w 49th N

Idaho Falls, ID 83402

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

208-680-2775

Signature: Joanne Cates

(signature required)

Printed Name: Joanne Cates

Capacity/Title: OWNER

(see instruction # 8 on back of form)

10 corp form lab p65
Revised 04/2003

Secretary of State use only

IDaho SECRETARY OF STATE
05/27/2003 05:00
CK: 1640 CT: 150010 BH: 682620
1 0 25.00 = 25.00 ASSUM NAME # 2

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