A CONTRACTOR OF THE PARTY OF TH

CERTIFICATE OF ASSUMED BUSINESS NAME

ा प्रश्नितिकारी स्थापनिकारी

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



The assumed business name which the under business is: Tennders Farms	ersigned use(s) in the transaction of
2. The true name(s) and business address(es) business under the assumed business name Name	
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	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
Signature: (signature required) Printed Name: Sand Schotte	Secretary of State use only Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 10/96/2003 05 200 CX: 158010 BH: 20011
Capacity/Title: <u>Uwww</u> (see instruction # 8 on back of form)	CK: 1877 CT: 158810 BH: 785861 1 8 25.88 = 25.88 ASSUM NAME # 2