

## **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.

2015 APR 29 AM 8: 31

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE

1.	The assumed business name which the un business is:	idersigned use(s) in the transaction of
	Kraay's Market Garden	
2.	The true name(s) and <u>business</u> address(es business under the assumed business nam Name  Kraay Enterprises, Inc.  (CIL574b)	s) of the entity or individual(s) doing ne: <u>Complete Address</u> PO Box 1169, Hailey, ID 83333
3.	The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of
4.	The name and address to which future correspondence should be addressed:  Kraay's Market Garden  PO Box 1169  Hailey, ID 83333	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgmer copy is (if other than #4 above):	nt
		Secretary of State use only
Capa Signa	city/Title: Owner	IDAHO SECRETARY OF STATE 04/29/2015 05:00 CK:11459 CT:309646 BH:14733 16 25.00 = 25.00 ASSUM NAME

16 25.00 = 25.00 ASSUM NAME #2

D178687

Capacity/Title: Owner