

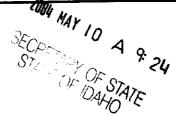
Printed Name: Chris

Capacity/Title: 6 wn er

(see instruction # 8 on back of form)

CERTIFICATE OF SASSUMED BUSINESS NAME

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



Chris Sauer Fari	n S
The true name(s) and business address(e business under the assumed business name Name	s) of the entity or individual(s) doing me: Complete Address
Chris Saver Diane Saver	HC63 BOX2103 Montevier ID 83435 HC63 BOX2104 Montevier ID 83435
The general type of business transacted upon the property of	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Livis Saver Farms HCL3 BOX 2107 Mantenger ID \$34/35	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	nent Phone number (optional):

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