



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

03 JUL 31 PM 3:34

SECRETARY OF STATE
STATE OF IDAHO

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

Desert Farms

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

Kimberlee Jo West

HC 85 Box 20A Mountain Home ID

Daniel Lowry West

HC 85 Box 20A Mountain Home ID

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

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

Desert Farms

HC 85 Box 20A

Mountain Home ID 83687

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

Phone number (optional):

Signature: Kimberlee Jo West
(signature required)

Printed Name: Kimberlee Jo West

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

04581

IDAHO SECRETARY OF STATE
07/31/2003 05:00
CK: CASH CT: 150010 BH: 694028
1 @ 25.00 = 25.00 ASSUM NAME # 2