## FILED EFFECTIVE



## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code.

Filing foe: \$25.00

Signature:

Printed Name:

Signature:\_\_\_\_

2018 MAY 11 AM 9: 32

	Filling tee: \$25		SECRETARY OF STATE	•
1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
	Eden Harvests			
2				1.
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):			
	Susannah Patterson 412 Main Au Saint M			
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		_ <del></del>
	(Name)	(Address)		
3.	The general type of business transacted under the assumed business name is:			
			Transportation and Public Utilities	
	Wholesale Trade	Agriculture	Mining	
			Finance, Insurance, and Re	al Estate
4.	•		5. Name and address for this acknowledgment copy is (if other than # 4):	
	412 Main Ave		· ,	
	(Address) Saint Maries ID 83861		(Address)	
	(City)	(State) (Zipcode)	(City) (State)	(Zipcode)
	Pr	inted Name: Susannah Pa	lterson	Secretary of State use only
	gnature: Sursu Patt	tra	-	
			IDAHO SECRETARY OF S	
Pr	inted Name:		05/11/2016 05:	.00

D 202615

CK: 2749 CT: 337241 BH: 1643331

1@ 25.00 = 25.00 ASSUM NAME #2