

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

OB DEC 24 AM 8: 16
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the	undersigned use(s) in the transaction of
business is:	Fresh Produce .
Kogetio Patina	Fresh Draduce
2. The true name(s) and business address((es) of the entity or individual(s) doing
business under the assumed business n	
<u>Name</u>	Complete Address
Marcha Production	995 Shoup
D Rogerice of eline	Ipaho Falls Id. 83402
- 10 de 10 d	TOUND 24112 TO 02405
Rogelio Patino	
Co. We are all the second seco	and the annumed business name is:
3. The general type of business transacted	under the assumed dusiness haine is.
Retail Trade Transportati	ion and Public Utilities
Services Agriculture	Subtrict Certificate Of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Esta	nte Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Correspondence anodia de dodrosaca.	Basement West
loan Sproul CPA-	PO Box 83720
201	Boise ID 83720-0080
35	208 334-2301
edaho Felis Id 834	
5. Name and address for this acknowledge	ment Phone number (optional):
CODY IS (if other than #4 above):	208-529, 4780
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	Secretary of State use only
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ignature: Kodx//0//////	1 5 000 1 5 000
(agniture required)	Personal CACOM
rinted Name: Kogelia Patrice	
anacity/Title:	

IDAHO SECRETARY OF STATE

12/24/2008 05:00

CX: 4229 CT: 138867 BH: 1149571

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