

Capacity/Title:_

(see instruction #8 on back of form)

CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

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

2015 APR 10 AM 9: 00

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

 The assumed business name which the undersigned business is: 	use(s) in the transaction of
Swirly Canyon Farms	
2. The true name(s) and business address(es) of the end business under the assumed business name: Name Eyron L Fry [6] [6]	ntity or individual(s) doing Complete Address Fry Dr. Men Valley, Id 83622
3. The general type of business transacted under the a X Retail Trade Transportation and Pub X Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): _509-330-/564
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 04/10/2015 05:00 CK:1016 CT:156666 BH:1470294 10 25:00 = 25:00 ASSUM NAME #2