

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED/EFFECTIVE**



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

APR 10 1998 - 5 PM 2:34

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

NICKEL & DIME NURSERY

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

ANDREW EACHON  
CHRIS EACHON

Complete Address

1350 W. EACHON BLVD  
RATHBUN, ID 83858

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Retail Trade    | <input type="checkbox"/> Manufacturing          | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services        | <input type="checkbox"/> Construction           | <input type="checkbox"/> Mining                              |

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

Phone number (optional): 208-687-1584

NICKEL & DIME NURSERY  
PO Box 1358  
HAYDEN, ID 83835

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

BANK OF AMERICA  
PO Box 998  
HAYDEN, ID 83835

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

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

Signature: Andrew Eachon

Printed Name: Andrew Eachon

Capacity: General Partner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE  
Secretary of State use only

06/05/2000 09:00  
CK: 1 CT: 131988 BH: 323684

1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 2/97

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