

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

01 FEB 12 AM 10: 00

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

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- Sou mondentia off feverse before fill	STATE OF IDAHO
The assumed business name which the undersign business is:	gned use(s) in the transaction of
Orphan Trees	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name	e entity or individual(s) doing Complete Address
Flory Dally Rt.1	Box 520 AA Bonneers Ferry 8380
2 The general to the second to	
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Orphan Trees % Flory Daily Rt. I Box 520AA	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): 208-267-3625
	Secretary of State use only IDAHO SECRETARY OF STATE
Signature: Flory Pally	02/12/2001 09:00 CK: 1519 CT: 14:25 BH: 378313
Printed Name: Flory Dally	1 0 20.00 = 28.00 ASSUM NAME # 2
Signature: Flory Dally Printed Name: Flory Dally Capacity: Owner (see instruction # 8 on back of form)	042572