



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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 16 AM 9:04**
SECRETARY OF STATE

1. The assumed business name which the undersigned uses in the transaction of business is:

MARTIN'S NEIGHBORHOOD 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:

Name

Complete Address

KIMBERLY S. MARTIN

3810 1/2 14th ST. LEWISTON

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

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input 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): 208-790-8532

MARTIN'S NEIGHBORHOOD NURSERY

1215 BRYDEN AVE.

LEWISTON, ID 83501

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

AS ABOVE

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: Kimberly S. Martin

Printed Name: KIMBERLY S. MARTIN

Capacity: OWNER/MANAGER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

04/16/2001 09:00
CX: 3698 CT: 145054 DN: 391314

1 @ 20.00 = 20.00 ASSUM NAME # 2

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