



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 JAN 22 PM 4:02

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

A FLORAL RAINBOW

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

Name	Complete Address
OPPERMAN LLC W138471	705 HOPKINS RD., SANDPOINT, ID 83864
PHILLIP A. OPFERMAN	705 HOPKINS RD., SANDPOINT, ID 83864
TERESA G. OPFERMAN	705 HOPKINS RD., SANDPOINT, ID 83864

3. The general type of business transacted under the assumed business name is:

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

PHILLIP AND TERESA OPFERMAN
705 HOPKINS RD
SANDPOINT, ID 83864

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

SAME AS ABOVE

Signature: [Signature]

Printed Name: PHILLIP A OPFERMAN

Capacity/Title: OWNER

Signature: [Signature]

Printed Name: TERESA G OPFERMAN

Capacity/Title: OWNER

Secretary of State use only

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IDAHO SECRETARY OF STATE
01/23/2014 05:00
CK: 1001 CT: 292013 BH: 1407169
1 @ 25.00 = 25.00 ASSUM NAME # 2