Capacity:

Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO 97 MAY 23 AM 9: 17



DUSINESS IS:	the undersigned use(s) in the transaction of
MAGIC VALLEY VIOLETS	
The true name(s) and business address business under the assumed busines Name	ess(es) of the entity or individual(s) doing ss name is/are: <u>Complete Address</u>
MARILYN J. GARDNER	520 North 375 West Shoshone, ID 833
WM. JERRY GARDNER	
	Same
	ction
The name and address to which future correspondence should be addressed	e Phone number (optional):
4. The name and address to which future	e Phone number (optional):
4. The name and address to which future correspondence should be addressed	e Phone number (optional): Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed Marilyn J. Gardner	e Phone number (optional):
4. The name and address to which future correspondence should be addressed Marilyn J. Gardner 520 North 375 West Shoshone, Idaho 83352	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
4. The name and address to which future correspondence should be addressed Marilyn J. Gardner 520 North 375 West Shoshone, Idaho 83352 5. Name and address for this acknowledges	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
4. The name and address to which future correspondence should be addressed Marilyn J. Gardner 520 North 375 West Shoshone, Idaho 83352 Name and address for this acknowledge copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
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