

Printed Name: Vickie

(see instruction #8 on back of form)

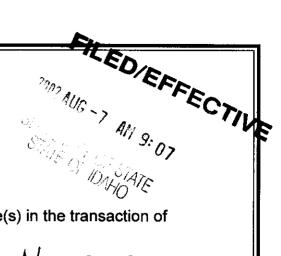
Capacity/Title: 501

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



1. The assumed business name which the undersigned use(s) in the transaction of business is: Desert Garden Nursery	
	Complete Address 14 S. 1200 E. 135 J. 83314
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	
4. The name and address to which future correspondence should be addressed: Vickie Halfhill 1904 S. 1200 E. Bliss , TD. 83314	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) 352-430
99du	Secretary of State use only

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IDANO SECRETARY OF STATE

48/07/2002 05:00

CK: 625 CT: 158810 BH: 481311

1 8 20.00 = 20.00 ASSUM NAME # 2

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