

**FILED/EFFECTIVE**

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

DEPT. OF STATE  
STATE OF IDAHO

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:

MOUNTAIN MAGIC NURSERY & MORE

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

GARY MURPHY

406 S MAIN

DONNA MURPHY

CASCADE ID 83611

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

- ☒ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☐ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

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

GARY MURPHY

PO BOX 853

CASCADE ID 83611

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

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

Phone number (optional):

(208) 382-6639

Signature: Gary Murphy

(signature required)

Printed Name: \_\_\_\_\_

GARY MURPHY

Capacity/Title: \_\_\_\_\_

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 07/2002

IDAHO SECRETARY OF STATE  
08/06/2002 05:00  
CN: 523 CT: 162502 BH: 481132  
1 20.00 = 20.00 ASSUM NAME # 5

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