ASSUMED BUSIN Pursuant to Section 53-504, Idaho submits for filing a certificate of Ass Please type or print leg	Code, the undersign sumed Business Nam ibly.	ed 2010 MAR - 5 PM	1:58
NOTE: See instructions on revers	e before filing.	STATE OF IDA	nu
1. The assumed business name which business is:	the undersigned u	use(s) in the transaction of	
2. The true name(s) and business addr business under the assumed busines Name 4My2Orchids LLC	ss name:	ity or individual(s) doing Complete Address Box 2680 Hayden, Idaho 83838	in
 3. The general type of business transaction Retail Trade Transport Wholesale Trade Construction Services Agricultion Manufacturing Mining Finance, Insurance, and Real 4. The name and address to which future correspondence should be addressed Linda Wilson P.O. Box 2680 	ortation and Public uction ture Estate		
Hayden, Idaho 83835 5. Name and address for this acknowl COPY IS (if other than # 4 above):	edgment		
		Secretary of State use only	
bignature:	Successful to the second		

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