

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2017 APR 10 AM 10: 40

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

1.	The assumed business name which the undersigned use(s) in the transaction of businessing. The Tree Nurse							
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):							
	Camille Dixon		1167 Bodie Canyon Rd Priest River, ID 83856					
	(Name)	(Addi	(Address)					
	(Name)	(Address)						
	(Name)	(Address)						
	(Name)	(Address)						
3.	The general type of business transacted under the a Retail Trade Construction Agriculture Services Manufacturing				assumed business name is: Transportation and Public Utilities Mining Finance, Insurance, and Real Estate			
4.	Mailing address for future correspondence: 5			5.	5. Name and address for this acknowledgment copy is (if other than #4):			
	The Tree Nurse				Camille Dixon			
	(Name) 1167 Bodie Canyon Rd				(Name) 1167 Bodie Canyon Rd			
	(Address)		00050		(Address)		00050	
	Priest River	ID (State)	83856 (Zipcode)		Priest River (City)	(State)	83856 (Zipcode)	
Printed Name: Camille Dixon					Secretary of State use only			
Signature:					10AHO SECRETARY OF STATE 84/18/2017 05:00			
Printed Name:					CK:8946 CT:337728 BH:1578347 10 25.00 = 25.00 ASSUM NAME #2			
Si	gnature:						, , ,	
Printed Name:					N 102528			

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