## CERTIFICATE OF ASSUMED BUSINESS NAME

	o the SECRETARY OF STATE, Pursuant to Section 53-504	STATE OF , Idaho Co	FIDAHO de, the undersi	gned gives notice of OF STATE
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of OF STATE adoption of an Assumed Business Name.				
1.	. The assumed business name which the undersigned use(s) in the transaction of business is:			
	STUMP HOLLOW	IRIS	5 GARDE	<i>N</i> S
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name #/are:			
	CHARLOTTE A. PAIN	oter :	1384 APPLEG	Address AIE CANE PAYETTE, IO83661
	DUALX H. PAINTER		2384 APPLEG	ATE LANE PAYETTE, ID 83661
3.	3. The general type of business transacted under the assumed business name is:  RETAIL TRADE (NURSERY STOCK)			
	See categories on the reverse			
4.	. The name and address to which correspondence should be addressed:			
	CHARLOTTE A. PAINTER			
	2384 APPLEGATE LANE PAYETTE, 11) 83661			
	Signed Clarette q. Panil			
		Ву		
Capacity OWNER OPERATOR				
	Submit Certificate of Assumed Business Name and \$20.00 fee	to:	Customer#	
		-		Secretary of State use only
	Secretary of State 700 West Jefferson		Revision 10/98	IDANO SECRETARY OF STATE
	PO Box 83720		Revis	DATE 06/13/1997 0900 101962 2
	Boise ID 83720-0080		g	CK #: 996 CUST# 82890
			d uda	PERSON NAME: 18 20.00= 20.00
			corpliams when pmg	5431
			_1 &	w - IOI