



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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

2004 FEB 27 AM 8:42

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:

Firenze

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Wendy Coffman Florence
dba Firenze

Complete Address

2707 Pole Line Rd E
Twin Falls ID 83301

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Wendy Florence
2707 Pole Line Rd E
Twin Falls ID 83301

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208-731-1546

Signature

Wendy Coffman Florence
(Signature required)

Printed Name: Wendy Coffman Florence

Capacity/Title: Sole proprietor

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

P73401

IDAWO SECRETARY OF STATE
02/27/2004 05:00
CK: 3001 CT: 158810 BH: 729752
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