



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

2002 DEC 16 PM 2:34

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

SANDI'S ORCHIDS

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

SANDRA J. MORRIS

5415 HILL RD. BOISE ID. 83703

MARK L. MORRIS

SAME

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 checked="" type="checkbox"/> Wholesale Trade          | <input type="checkbox"/> Construction                        |
| <input 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:

SANDRA MORRIS

5415 HILL RD.

BOISE ID. 83703

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):

Signature:

Sandra J. Morris  
(signature required)

Printed Name:

SANDRA J. MORRIS

Capacity/Title:

OWNER/OPERATOR

(see instruction # 8 on back of form)

Secretary of State use only

g:\ccpforms\labn form\labn.pdf  
Revised 08/2002

IDAHO SECRETARY OF STATE  
12/17/2002 05:00  
CK: 1609 CT: 150010 BH: 651830  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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