



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

04 DEC -3 AM 10: 12

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Lone Star Nursery & Garden Center ~~of landscaping~~

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

Name

Enoch Hicks

Complete Address

227 Shoshone Ave Nampa, Id 83651

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

Retail Trade Transportation and Public Utilities
 Wholesale Trade Construction
 Services Agriculture
 Manufacturing Mining
 Finance, Insurance, and Real Estate

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

Enoch Hicks

227 Shoshone Ave
Nampa, Id 83651

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

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

Phone number (optional):

Signature: Enoch Hicks
(signature required)

Printed Name: Enoch Hicks

Capacity/Title: Owner

(see instruction # 8 on back of form)

Form 53 Assumed Business Name
Revised 04/2003

12/03/2004 05:00
CK: 3353 CT: 158018 BH: 779619
1 @ 25.00 = 25.00 ASSUM NAME N 2

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