

Capacity/Title: OWNER

9/21/2012

## CERTIFICATE OF ASSUMED BUSINESS NAME

2013 DEC 30 AM 9: 45

**FILED EFFECTIVE** 

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

SECRETARIO SIME SINE OFTOANO

D167806

Please type or print legibly.
Instructions are included on back of application.

1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	HOPKINS EVERGREENS		
2.	The true name(s) and <u>business</u> address(est business under the assumed business name Name  KENDALL HOPKINS  LORETTA HOPKINS		
3.	The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Put	
4.	The name and address to which future correspondence should be addressed:  12314 KARCHER ROAD NAMPA, ID 83651		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	nt	
Printe Capa	ed Name: KENDALL HOPKINS acity/Title: OWNER		Secretary of State use only  IDAHO SECRETARY OF STATE
_	ed Name: LORETTA HOPKINS		12/30/2013 05:00 CK: 19857 CT: 291865 BH: 1483433 1 8 25.88 = 25.88 ASSUM MANE # 2

abn.pmd Rev. 07/2010