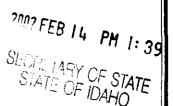
FILED/EFFECTIVE



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.



	OF IDAHO
 The assumed business name which the un business is: 	
CASTLE NURSERY E	LAND SCAPE
The true name(s) and <u>business</u> address(es business under the assumed business name).	
Name	Complete Address
ROWALD B. CASTLE	709 DESERT WIND RIBOSE, Id 83716
KOSANNA K. CASTLE	709 DESERT WIND Rd. Briss, Id 83716
The general type of business transacted u	inder the assumed business name is:
Retail TradeTransportatioWholesale TradeConstruction	on and Public Utilities
Services Agriculture	Submit Certificate of
	Assumed Business Name and \$20.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
711 DESEPT WIND Rd	PO Box 83720 Boise ID 83720-0080
Boise, Idato 83716	208 334-2301
 Name and address for this acknowledgm copy is (if other than # 4 above): 	nent Phone number (optional):
	Secretary of State use only
	u 1965
Signature: Anna K. Cart C.	/2001
Printed Name: ROSANNA K. Castle	Secupiforms about the second to the second t
Capacity/Title: Owner	IDANO SECRETARY OF STATE
(see instruction # 8 on back of form)	6 02/14/2002 05:00 CK: CASH CT: 157365 BH: 446400

1 @ 20.00 = 20.00 ASSUM NAME # 4

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