

## **CERTIFICATE OF** ASSUMED BUSINESS NAME 08 AUG 18 PH 12: 35

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Namber CRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

(see instruction # 8 on back of form)

| NOTE: See instructions on reverse before filing.  | and the second s |
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| The Flower Bucket G   | <u> </u>   |
| 2. The true name(s) and business address(es) of the elements business under the assumed business name:  Name  DEhhi HighEE  205 | complete Address  584 S. Latour Crk. Rd.  14 A I Do. ID. 83810   |
| 3. The general type of business transacted under the  | assumed business name is:  |
| Retail Trade  | 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 (frother than #4 above):  | Phone number (optional):   |
| Signature: Signature requiped)  | Secretary of State use only  IDAHO SECRETARY OF STATE  |
| Printed Name: DEbni HighEE  | 08/18/2008 05:00<br>CK: 7569 CT: 158010 BH: 1132071<br>1 0 25.00 = 25.00 ASSUM MANE # 8  |
| Capacity/Title: OWNER   | T E FOIDO - EDIDO MODOS MISE M C   |