

## CERTIFICATE OF ASSUMED BUSINESS NAME

06 APR 26 PM 3: 44

FILED EFFECTIVE

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

SECRETATE OF STATE STATE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the ur business is:  Mancuso Botanical Se	_	
2. The true name(s) and business address(establishess under the assumed business name  Name  Michael Mancus o	ne:	Complete Address
3. The general type of business transacted upon the second	n and Pub	
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Michael Mancuso  20 N. Wilson St.  Boise ID 83706		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above).</li> </ol>	ent	Phone number (optional):
		Secretary of State use only
rinted Name: Michael Mancus	g/corp/forms/abn forms/abn.p65 Revised 04/2003	099295
Capacity/Title: <u>OWNER</u> (see instruction # 8 on back of form)	g.koopytor Re	IDAHO SECRETARY OF STATE  94/26/2006 05:00  CK: 1174 CT: 158010 BH: 95152  1 8 25.00 = 25.00 ASSUM NAME