



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.

Instructions are included on back of application.

FILED EFFECTIVE

2013 FEB -8 AM 8:55

SECRETARY OF STATE
STATE OF IDAHO

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

Magic Powers Nursery

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

Name

Complete Address

Vivian M Powers

5177 E Diagonal Rd. Rathdrum, ID 83858

Bryan E Powers

same

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Vivian & Bryan Powers

5177 D Diagonal Road

Rathdrum, Idaho 83858

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

Same as above

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Vivian M. Powers

Printed Name: Vivian M Powers

Capacity/Title: Sole Proprietor

Signature: Bryan E Powers

Printed Name: Bryan E Powers

Capacity/Title: Sole Proprietor

abin prnd Rev. 07/2010

IDAHO SECRETARY OF STATE
02/08/2013 05:00
CK: 8789 CT: 158010 BH: 1359406
1 @ 25.00 = 25.00 ASSUM NAME # 2

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