

CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME JUN 16 PM 2: 30

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name CALLARY OF STATE Please type or print legibly.

NOTE: See instructions on reverse before filing.

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The assumed business name which the undersign business is: Eagle Flower CoHag	, ,
2. The true name(s) and business address(es) of the business under the assumed business name: Name Jenni fer L. Gohn Eag	
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining	Submit Certificate of Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Tennifer Gohn 912 5. Florence St	Idaho Secretary of State 450 N 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):	
Eagle Flower Cottage 3100 E. State St.	Secretary of State use only
Signature: Grant L Gohn Capacity/Title: Owner	
Printed Name: fer L tohn Supplementary Capacity/Title: Owner Cap	IDAHO SECRETARY OF STATE 86/16/2009 85:88
(see instruction # 8 on back of form)	DX: CASH CT: 158818 BH: 1175819 1 8 25.88 = 25.88 ASSEM MANY 8

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