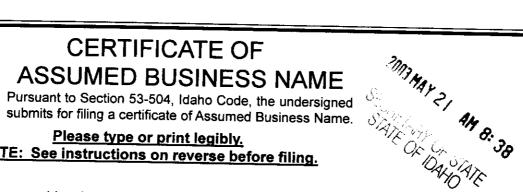


NOTE: See instructions on reverse before filing.



		A A A A
 The assumed business name which the un- business is: 		ed use(s) in the transaction of
Red Forest Nurs	ery	
2. The true name(s) and <u>business</u> address(es) of the	entity or individual(s) doing
business under the assumed business nam Name	ie:	Commission A.I.I.
	4.26	Complete Address
Gayle S. Lynn	1/0	7 Southside Blod,
	_ /U.a.v	npa Id 83686
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction		
Services Agriculture		
☐ Manufacturing ☐ Mining		Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate		Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: 		Secretary of State 700 West Jefferson Basement West
Red Forest Nursery		PO Box 83720
Nampa Id 83686		Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	nt	Phone number (optional):
, , , , , , , , , , , , , , , , , , ,		808-466-2592
		Secretary of State use only
Signature: <u>Jayle S. Lynn</u> Printed Name: <u>Gayle S. Lynn</u> Capacity/Title: Owner	g koop Vorms labn forms labn. p65 Revised 04/2003	IDAHO SECRETARY OF STATE 95/21/2093 95:99 CK: 3288 CT: 158919 BH: 681844 1 8 25.88 = 25.88 ASSUM NAME # 2
(see instruction # 8 on back of form)	9:100	D65607