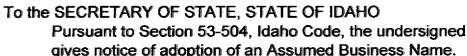
Capacity:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)





gives notice of adoption of an Assumed Business Name.	
<ol> <li>The assumed business name which the business is:</li> </ol>	S. Y.
Aunt Annie's'	Garden 3
The true name(s) and business address business under the assumed business Name	
Cynai Drnjevic	Rt 2 Box 224-20 Salmonld 83467
The general type of business transacted (mark only those that apply)	d under the assumed business name is:
Retail Trade	e Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional): 208-756-3586
Aunt Annies Garden Rt 2 BDX 224-20	Submit Certificate of Assumed Business
Salmon Id 83467	Name and \$20.00 fee to:  Secretary of State
5. Name and address for this acknowledge copy is (if other than # 4 above).	700 West Jefferson ment Basement West PO Box 83720 Boise ID 83720-0080 - 208 334-2301
	Secretary of State use only  IDAHO SECRETARY OF STATE
nature: Lynthia C. Drujevia nted Name: Cynthia C. Drujev	G7/21/1997 Ø9:00  CK: 6300052407 CT: 84531 BH: 22975  1 0 20.00 = 20.00 ASSUM MANE
nted Name: Cynthia C. Drnjeu	CIC &

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