

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO AUG 23, A 9: 20  
Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

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

Wild Flower Herbsals

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

Name

Complete Address

Katherine A Silva

mailing address:

PO BOX 195 Victor ID 83455

physical address

11W 505. Driggs ID 83422

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

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

Wildflower Herbsals

Katherine Silva

PO BOX 195 Victor ID 83455

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

Katherine Silva

PO BOX 195

VICTOR ID 83455

Signature: Kath A Silva

Printed Name: Katherine Silva

Capacity: owner

(see instruction # 8 on back of form)

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

25.00

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/23/2004 05:00  
CK: 182 CT: 158018 BH: 762259  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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