



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

2005 MAY -2 PM 2:31

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

Holiday House & Flowers

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

Name

Michael C. Best

Complete Address

11400 Iowa Ave
Nampa Id 83686

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 type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

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

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

Michael C. Best
99 South Canyon
Nampa Id. 83651

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

Phone number (optional):

208-463-0713

Signature

Michael C. Best
(signature required)

Printed Name: MICHAEL C. BEST

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\corp\forms\abn\form\abn.455
Revised 04/2003

Secretary of State use only

IDABO SECRETARY OF STATE
05/03/2005 05:00
CK: 14721 CT: 187821 BH: 808040
1 @ 25.00 = 25.00 ASSUM NAME # 2

D87404