



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
Instructions are included on back of application.

FILED EFFECTIVE
2012 SEP -6 AM 9:19

SECRETARY OF STATE
STATE OF IDAHO

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

Granny's Garden

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

Name

Complete Address

Kary A Peterson
Jaquelin C. Isaacson

P.O. Box 21 Malad Idaho 83252
P.O. Box 21 Malad Id 83252

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input 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 checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Granny's Garden
P.O. Box 21
Malad City Idaho 83252

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Kary A Peterson

Printed Name: Kary A Peterson

Capacity/Title: CO-OWNER

Signature: Jaquelin C. Isaacson

Printed Name: Jaquelin C. Isaacson

Capacity/Title: CO-OWNER

Secretary of State use only

IDAHO SECRETARY OF STATE
09/06/2012 05:00
CK: 245 CT: 274025 BH: 1338832
1 @ 25.00 = 25.00 ASSUM NAME # 2

D157933