FILED EFFECTIVE

## **CERTIFICATE OF** ASSUMED BUSINESS NAME: 22 481 8: 52

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name (ETATION STATE OF IDAHO)

Please type or print legibly.

NOTE: See instructions on reverse before filing.

business is:  Ornamental Hi	- <i>∤</i> .s	
2. The true name(s) and business address(consiness under the assumed business name  Name  Steven W. Brill  Robert J. Dobler  Sherri, C. (Vallace  3. The general type of business transacted to	Complete Address  Box 491, Kimberly, 1D 8334/ 427 Toylor St. W. Kimberly, 1D 8334/ Box 892, Kimberly, 1D 8334/	
Retail Trade	<b>.</b>	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  Phone number (optional):
Printed Name: S.C. Wallace  Capacity/Title: Partuct (see Instruction # 8 on back of form)	g Voorplanmelatin formalation, p85 Revised 04/2003	IDAHO SECRETARY OF STATE  03/22/2006 05:00  CK: 3876 CT: 158010 BH: 944677  1 0 25.00 = 25.00 ASSUM NAME # 2

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