CERTIFICATE OF ASSUMED BUSINESS NAME

FILED

| 7 | o the SECRETARY OF STATE, STATE C | F IDAHO ode, the undersigned gives notice of |
|--|---|---|
| а | doption of an Assumed Business Name. | ode, the undersigned gives house of |
| 1 | The assumed business name which the business is: | undersigned use(s) in the transaction of |
| | Florascape | |
| | • | |
| The true name(s) and business address(es) of the entity or individual(s) of business under the assumed business name is/are: | | (es) of the entity or individual(s) doing ame is/are: |
| | Name | $PD.Bo \times 241$ |
| | Manuela Eiring | 5.35 Wolverine Dr. |
| | Michael Eiring | Corolalla ID 83813 |
| 3. | The general type of business transacted under the assumed business name is: | |
| | Greenhouse / Land | (scaping |
| | See categories on the revense | |
| 1 | The name and address to which assessment | and the state of the state of |
| 7, | The name and address to which correspond | ondence should be addressed: |
| | Manuela Elling | 1.0. DOX 291 |
| | | (adalla ID: 83813) |
| | Chunad | Manuela Evina |
| | Signed _ | careaming wing |
| | Ву _ | |
| | Capacity | Owner 1 |
| | Submit Certificate of Assumed Business Name and \$20.00 fee to: | Customer# |
| 1 | - serious riding and was.ev les (U. | |

Secretary of State 700 West Jefferson PO Box 83720 Bolse ID 83720-0080 Secretary of State use only

IDANO SECRETARY OF STATE

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