



CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 SEP -9 AM 8:22

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Woggins Blossom Shop

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

<u>Name</u>	<u>Complete Address</u>
<u>Syringa Wholesale of</u>	<u>2139 S. Century Way</u>
<u>Boise Inc.</u>	<u>Boise, ID 83709</u>
<u>(C130192)</u>	

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 checked="" 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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Syringa Wholesale
2139 S. Century Way
Boise ID 83709

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

Signature: Richard L. Higham
Printed Name: Richard L. Higham
Capacity/Title: Pres
Signature: _____
Printed Name: _____
Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/09/2010 05:00
CK: 8474 CT: 158010 BH: 1238149
1 @ 25.00 = 25.00 ASSUM NAME # 2

D142016