

S

Capacity/Title:_

owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2007 APR 23 AM 10: 17

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

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NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of business is:	
Helping Hand G	ardens
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
DONALD W. RENZ	975 Larch Street
DOA HELPING HAND GARDENS	Potlatch, Idaho
	<i>8</i> 3855
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation Wholesale Trade Construction	and Public Utilities
☐ Services☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Helping Hand Gardens % Dor P.O. Box #1	PO Box 83720 Boise ID 83720-0080 208 334-2301
Princeton, ld 83857	200 004 2001
5. Name and address for this acknowledgme	
CODY IS (if other than # 4 above):	<u>208-975-038</u> 8
<u>same</u>	Secretary of State use only
	Secretary or state use only
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rinted Name: DONALO W. RENZ	ister form and Ok/2003

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