

Capacity/Title: Owne

(see instruction # 8 on back of form)

## **CERTIFICATE OF**

CERTIFICATE OF  ASSUMED BUSINESS NA  Pursuant to Section 53-504, Idaho Code, the unde submits for filing a certificate of Assumed Busines:  Please type or print legibly.  NOTE: See Instructions on reverse before filing.	ersigned s Name.
1. The assumed business name which the undersigned use(s) in the transaction of business is:  Happy Daisy Gift Baskets	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Medissalamphed  Ti	e entity or Individual(s) doing  Complete Address  138 10th Ave. E.  Win Fall 5, T.D. 83301
3. The general type of business transacted under the Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Malissal amphell  1/38 / Dth Are E  Twin Falls, ID 8330/	Secretary of State 700 West Jefferson Basement West PO Box 83720 Bolse ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Signature: Meligia 4. Campbell some some signature required of Campbell some some some some some some some some	IDAHO SECRETARY OF STATE

1)93398