



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

FILED

MAR 25 AM 10:57

STATE OF IDAHO

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

Lynn's Wholesale ~~Rose~~ Roses

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

Name	Complete Address
<u>Lynn Hyneman</u>	<u>5640 S. Onaga Place Boise 83716</u>
<u>Patrick Hyneman</u>	<u>" " " " " "</u>
_____	_____

3. The general type of business transacted under the assumed business name is: (mark only those that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): 342-7891

Lynn Hyneman
5640 S. Onaga Pl
Boise, ID 83716

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

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
 700 West Jefferson
 Basement West
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

Signature: Lynn Hyneman

Printed Name: Lynn Hyneman

Capacity: owner

(see instruction # 8 on back of form)

Revision 1/98

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Secretary of State use only
IDAHO SECRETARY OF STATE

03/25/1999 09:00
CK: 1314 CT: 113119 DJ: 200627

1 @ 20.00 = 20.00 ASSUM NAME # 2

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