

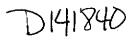
CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

10 SEP - 1 AM 8: 29

submits for filing a certificate of Assumed Business Name.

Please type or print legibly. Instructions are included on back of app	SECHERRY OF STATE STATE OF IDAHO
The assumed business name which the un business is: Bellaflora	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name Rella Flora Silks, Inc. C) 186635	
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	nder the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Bellaflora 3561 N. Rhone Pl Star, ID 83669	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	nt
Signature: Moral Miller Printed Name: Nicole L. Miller Capacity/Title: President	Secretary of State use only
Signature:	IDANO SECRETARY OF STATE 09/01/2010 05:00
Printed Name:	CK: 5559 CT: 250873 BH: 1237178 1 8 25.00 = 25.00 ASSUM MAME # 2

1 8 25.00 = 25.00 ASSUM NAME # 2



Capacity/Title:_____