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. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Echoes of Flowers 2. The true name(s) and business address(es) of the entity or individual(s) doing in business under the assumed business name is/are: Complete Address Name 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): _____ correspondence should be addressed: LISIE HARVEU Submit Certificate of Assumed Business onabired Name and \$20,00 fee to: 83858 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above) : PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDANO SECRETARY OF STATE

Signature:

Printed Name:

Capacity: 50

04/05/1999 09:00 CK: 212946270 CT: 113532 M: 203798

29.88 = 29.89 ASSUM NAME # 2

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