

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned, JUN - 6 AM 9:21 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:

The Enchanted Garden

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

Debbie D. Name Sherman

Complete Address
152 Cordova Ave. Twin Falls Idaho

832a

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

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

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

Debbie D Sherman

152 Cordova Ave.

Twin Falls Idaho 83301

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

Secretary of State use only

Signature: Debbie D'Shernan

Printed Name: Debbie D. Sherman

Capacity: Sole Proprietor / Owner

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE
DATE 06/06/1997
0900 99531 2
CR #: 2213 CUST# 82507
ASSUM NAME 18 20.00= 20.00

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