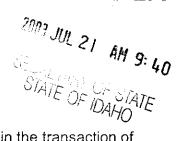


## CERTIFICATE OF ASSUMED BUSINESS NAME

PILED EFFECT

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.



,	DAHO
1. The assumed business name which the undersigned business is:  Sunflower's	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Tamara Kordahl  F	entity or individual(s) doing  Complete Address  1 Townhouse Care #1A  O Box 2263  Setchum 10 83340
3. The general type of business transacted under the	assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: 25 Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional): 208.724.5394
ignature: Jamas Kordall rinted Name: Tamara Hovdahl rapacity/Title: Sole Proprietor	Secretary of State use only
apacity/Title: Sole Proprietor (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE Ø7/22/2003 05 ± 0€ CK: 1036 CT: 158010 BH: 69230 1 € 25.00 = 25.00 ASSUM MANE