CERTIFICATE OF ASSUMED BUSINESS NAME

ado	the SECRETARY OF STATE, STATE OF It Pursuant to Section 53-504, Idaho Code option of an Assumed Business Name. The assumed business name which the un business is:	DAHO OD APR - 7 MILES E, the undersigned gives notice of SEURCIARY OF STATE STATE OF IDAHO dersigned use(s) in the transaction of
	Sunflowers 8	Smiles
The true name(s) and business address(es) of the business under the assumed business name is/s Name		ne is/are: Address
	Linda Marie Carlson P.O.	Box 1265 (201 N. Third ST.)
	Piner	141507 15 5551
		-
3. The general type of business transacted under the assumed business n		nder the assumed business name is:
	4. Manufacturing-Sewing	
	See categories on the reverse	ndence should be addressed:
4.	4. The name and address to which correspondence should be addressed: Sunflowers & Smiles	
	P.O. Box 1265; Pinehurst, ID 83850-1265	
	Signed Linda M. Carlsex.	
By Self		self.
	Capacity	Currer
	Submit Certificate of Assumed	Customer#
	Business Name and \$20.00 fee to:	INNO SECRETARY OF STRIE
	Secretary of State 700 West Jefferson	CK: 6445 CT: 129485 BH: 386940 1 0 20.00 = 28.00 RESUM NAME # 2
	PO Box 83720 Boise ID 83720-0080	D34810