

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED



To the SECRETARY OF STATE, STATE OF IDAHO

99 SEP 10 AM 10:24

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:

KAMIAH FLOWER SHOPPE

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

Name	Complete Address
<u>BARBARA A. SPEARS</u>	<u>410 MAIN ST., KAMIAH, ID.</u> <u>83536</u>
_____	_____
_____	_____

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 type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): 208-935-0200

BARBARA A. SPEARS  
P.O. BOX 397  
KAMIAH, IDAHO 83536

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

Signature: Barbara A. Spears

Printed Name: BARBARA A. SPEARS

Capacity: OWNER (AS OF 10/1/99)

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

09/10/1999 09:00  
CX: 6648 CT: 81841 BH: 248922

1 @ 20.00 = 20.00 ASSUM NAME # 2

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