



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED/EFFECTIVE
01 OCT 12 AM 8:44
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Quail Run Nursery

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

Name	Complete Address
<u>Judy A. McLaughlin</u>	<u>3002 Cemetery Rd</u>
<u>Clot A. McLaughlin</u>	<u>Cambridge, Id 83610</u>

3. The general type of business transacted under the assumed business name is:

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

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

Quail Run Nursery
3002 Cemetery Rd
Cambridge, Id 83610

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

Phone number (optional):

208-257-3960

Secretary of State use only

Signature:

Printed Name:

Capacity:

(see instruction # 8 on back of form)

g:\comp\form\abn form\abn.pdf
Revised 01/2001

IDAHO SECRETARY OF STATE
10/12/2001 05:00
CK: 1000 CT: 152392 BH: 423987
1 @ 20.00 = 20.00 ASSUM NAME # 2

49035