CERTIFICATE OF ASSUMED BUSINESS NAME 99 MAR 15 AM 11: 14 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of STATE OF IDAHO 生 STATE adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: BARBER HILLS NURSERY 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Address Name PATRICK TELLERIA 3400 BARBER DR BOISE 11 83712 3. The general type of business transacted under the assumed business name is: RETAIL TRADE See categories on the reverse 4. The name and address to which correspondence should be addressed: BARBER Boise 10 3400 DR 83712 Signed . By SOLE OWNER Capacity Submit Certificate of Assumed Customer # Business Name and \$20.00 fee to: Secretary of State use only Secretary of State 03/15/1999 09:00 CK: 620653129 CT: 72151 BH: 197903 700 West Jefferson PO Box 83720 1 8 28.00 = 20.08 ASSUM NAME # Boise ID 83720-0080