



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2007 APR -5 AM 9:09

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Nostalgia (special event floral design)

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>Chandra Carr</u>	<u>1340 Kimberly Meadows Rd.</u>
	<u>Kimberly, ID 83341</u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input 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:

Chandra Carr
Nostalgia
1340 Kimberly Meadows Rd.
Kimberly, ID 83341

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than #4 above):

Phone number (optional):

Secretary of State use only

Signature:

Chandra Carr
(signature required)

Printed Name:

Chandra Carr

Capacity/Title:

owner / designer

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
04/05/2007 05:00
CK: 3843 CT: 158018 BH: 1844994
1 @ 25.00 = 25.00 ASSUM NAME # 2

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