

CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 SEP 29 AM 8: 24

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The Sir	mple Garden
2. The true name(s) and business address(e business under the assumed business name Name Starla D Finke	•
 The general type of business transacted u Retail Trade ☐ Transportation Wholesale Trade ☐ Construction 	on and Public Utilities
 ✓ Wholesale Trade ✓ Construction ✓ Agriculture ✓ Manufacturing ✓ Mining ✓ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business
. The name and address to which future correspondence should be addressed: Starta D Finke	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
2397 N Buzzsaw Cir	(208) 334-2301
Kuna, ID 83634	
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent
	Secretary of State use only
nature: Sple P- Finke (signature required) ted Name: Starla D Finke pacity/Title: Owner	1DAHO SECRETARY OF STATE 99/29/2009 05:00 CK: 2017 CT: 158010 BH: 11889