

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

02 MAY -7 AM 8: 29

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

1. The assumed business name which the under business is:  Motta FLower Shop	ersigned use(s) in the transaction of
	Complete Address  319 12 TH Ave. So.  VAMPA TAAho  8365/
3. The general type of business transacted und  Retail Trade Transportation of Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  3/9 12 TH Ave. So  NAMPA TARHO	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
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	208-466-1111
Signature: <u>Jayle Y. Jrask</u> Printed Name: <u>Gayle L. TRASK</u> Capacity/Title: <u>owner</u> (see instruction # 8 on back of form)	Secretary of State use only  99drugasunoj ugasunoj ugasun

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