



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 AUG -4 AM 9:17

SECRETARY OF STATE
STATE OF IDAHO

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

Magic Floral

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Debra Potts

220 south ave west Gooding ID 83330

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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



Retail Trade



Construction



Transportation and Public Utilities



Wholesale Trade



Agriculture



Mining



Services



Manufacturing



Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Debra Potts DBA Magic Floral

(Name)

146 21st ave west

(Address)

Gooding ID 83330

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Debra Potts

Signature: *Debra Potts*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/04/2016 05:00

CK:3212 CT:327538 BH:1540497
10 25.00 = 25.00 ASSUM NAME #2

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