



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
2006 JUN 23 AM 09:00
STATE OF IDAHO

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

dba Florist and Grower

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

Tan Whipple

PO Box 496

Tania Whipple

Victor, Id 83455

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

<input 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:

Tan+Tania Whipple

P.O. Box 496

Victor, Id 83455

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):

207-1090-9371

Signature: Tan Whipple

(Signature required)

Printed Name: Tan Whipple Tania Whipple

Capacity/Title: Owners

(see instruction # 8 on back of form)

g:corporate
100-10000
Revised 04/2008

Secretary of State use only

IDaho SECRETARY OF STATE
06/23/2006 05:00
CK: 2256 CT: 114249 BH: 961578
1 0 25.00 = 25.00 ASSUM NAME # 2

10/209