

Printed Name: Toni

Capacity: Owner

(see instruction #8 on back of form)

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.

Please type or print legibly.

SEP 6 17 28 PM 1

SECRE NOTE: See instructions on reverse before filing. STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: Giving Gift Baskets 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: **Complete Address** Name 531 LakeLowell Ave. Nampa, 1d. 83686 2500 S Ruby Rapids, Meridian, Id. 8 8642 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Assumed Business Manufacturing Mining Name and \$20.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 Giving Gift Baskets Boise ID 83720-0080 531 Lake Lowell 208 334-2301 Nampa ld 83686 Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only Signature: Joni Ruby

IDAHO SECRETARY OF STATE 09/06/2001 05:00 CK: CASH CT: 150932 BH: 417697 20.00 = 20.00 ASSUM MANE # 2 D 48/103