

## ASSUMED BUSINESS NAME CERTIFICATE OF

Pursuant to Section 53-504, Idaho Code, the undersigned 21 Pi 1: (5 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> </ol>	
Green Pastures Nursen	<b></b>
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	Complete Address
David M. Burnton 243	31 Husy 3
Ker	ndrick Id. 83537
The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Pul	blic Utilities
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
David Buildo	PO Box 83720
2431 Huss 3	Boise ID 83720-0080
Kendrick Id 83537	208 334-2301
5. Name and address for this acknowledgment	Fax 208 877 /2/20 Phone number (optional):
COPY IS (if other than # 4 above):	208-877-1637(4)
SANE OS	509 332 909 3kell
above	Secretary of State use only
	$\bigcap$
Signature:  Printed Name:  Capacity/Title: Our Cope Coto Cope Cope Cope Coto Cope Cope Cope Cope Cope Cope Cope Cop	17/12/42/
Printed Name: Spatture required)  Printed Name: Spatture required)	IDAHO SECRETARY OF STATE  96/21/2097 95:90  CK: 19472719263 CT: 158910 BH: 1961614
Capacity/Title: Own ec Operator	1 @ 25.00 = 25.00 ASSUN NAME # 2