## FILED EFFECTIVE

## CERTIFICATE OF

(see instruction # 8 on back of form)

ASSUMED BUSINESS NAME 2007 JAN 12 PM 3: 09
Pursuant to Section 53-504, Icaho Code, the undersigned submits for filing a certificate of Assumed Business Name EURETARY OF STATE OF TOTAL ASSUMED BUSINESS NAME STATE OF TOTAL BUSINESS NAME STATE BUSINESS NAME STATE BUSINESS NAME STATE OF TOTAL BUSINESS NAME STATE BUSI

petals&stems	
The true name(s) and business address(es)	
business under the assumed business name	
Name	Complete Address
Petals of Sun Valley LLC	161 Main Street Halley, ID 83333
$(\omega_{57794})$	
-	
The general type of business transacted und	ler the assumed business name is:
	and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Miling	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
·	Basement West
petalsåstems	PO Box 83720
PO Box 4114	Boise ID 83720-0080 208 334-2301
Halley, ID 83333	206 334-2301
	Phone number (optional):
<ul> <li>Name and address for this acknowledgment copy is (father than #4 above):</li> </ul>	M Marie Harrison (oppositor).
Copy to the desirement 4 accords).	<del></del>
	Secretary of State use only

01/16/2007 05:00 CK: 1020808 CT: 172099 BH: 1025956 1 8 25.00 = 25.00 ASSUM NAME # 2

