

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.

63 NOV 25 PM 2: 53

SECREMARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

1. The assumed business name which the undersigned business is: O. C. Natures Wond	
2. The true name(s) and <u>business</u> address(es) of the enbusiness under the assumed business name: Name John G. Owens 130	Complete Address
3. The general type of business transacted under the as Retail Trade	
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional): 208-861-9330
	Secretary of State use only
Signature: Signature: Signature required) Printed Name: Capacity/Title: Cap	IDAHO SECRETARY OF STATE 11/25/2003 05:00 CK: CASH CT: 150010 RH: 713633 1 0 25.00 = 25.00 ASSUM NAME # 2

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