



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

05 JUL -5 PM 4:10

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Rooster Farm Flowers

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
Julie Browne Thomas	597 E. Rooster Ct. Eagle, ID 83616
Michael Lynn Thomas	597 E. Rooster Ct. Eagle, ID 83616

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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:

Julie Thomas
597 E. Rooster Ct.
EAGLE, ID.
83616

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):

Julie Thomas
597 E. Rooster Ct.
EAGLE, ID 83616

Phone number (optional):

Signature: [Signature]

(signature required)

Printed Name: MICHAEL L. THOMAS

Capacity/Title: CO-OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
07/05/2005 05:00
CK: 1148 CT: 150010 DH: 819605
1 @ 25.00 = 25.00 ASSUM NAME # 2

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Revised 04/2003

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