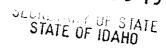
FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on other page 20 AM 9: 19

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name



gives	notice of adoption of an Assumed	business Name.
1. The assume	ed business name which the undersigr	ned use(s) in the transaction of business is:
A Touch	of Country Floral & Gifts	
	me(s) and business address(es) of the ss name is/are: _Name_	e entity or individual(s) doing business under the assumed Complete Address
Sharon I	M. Richards	2555 North US Hwy 93, Arco, ID 83213
(mark or	I type of business transacted under the high those that apply) I Trade Esale Trade Construction	ing Transportation and Public Utilities Finance, Insurance, & Real Estate
A Touch of P.O. Box Arco, ID 5. Name and copy is (if FIRST CLDC PO BO		Phone number (optional): Submit Certificate of Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Printed Name: Capacity:	Sharon M. Richards Owner (see instruction #8 on other sheet)	190HO SECRETARY OF STATE

#D42826

1 @ 20.00 = 20.00 ASSUM NAME # 2