

FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on other page.)

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.

01 FEB 20 AM 9:19
SECRETARY OF STATE
STATE OF IDAHO

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

A Touch of Country Floral & Gifts

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

Sharon M. Richards

2555 North US Hwy 93, Arco, ID 83213

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☒
☐
☐

Retail Trade
Wholesale Trade
Services

☐
☐
☐

Manufacturing
Agriculture
Construction

☐
☐
☐

Transportation and Public Utilities
Finance, Insurance, & Real Estate
Mining

4. The name and address to which future correspondence should be addressed:

A Touch of Country Floral & Gifts
P.O. Box 42
Arco, ID 83213

Phone number (optional): _____

Submit Certificate of
Submit Certificate of Assumed Business
Name and \$20.00 fee to:

5. Name and address for this acknowledgement copy is (if other than #4 above):
FIRST SECURITY BANK N.A.
CLDC MAC #U1851-015
PO BOX 8203
BOISE ID 83707

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: X Sharon M. Richards

Printed Name: Sharon M. Richards

Capacity: Owner
(see instruction #8 on other sheet)

IDAHO SECRETARY OF STATE

02/21/2001 09:00
CK: 682792755 CT: 50009 BH: 388185

1 @ 20.00 = 20.00 ASSUM NAME # 2

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