Printed Name: NAomi

Capacity: Owner

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 8: 57

	Heritage Floral & Pla	7112	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	<u>Name</u>	Co	mplete Address
	Naomi Kay Rush	7722 A	Prlington Dr
		Nampa, 7	ED 83687
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade		ansportation and Public Utilitie
	Services Construction		nance, Insurance, and Real Es ning
4.		n 🗌 Mi	,
4.	Services Construction  The name and address to which future	n 🗌 Mi	ning

IDAHO SECRETARY OF STATE 02/22/2002 05:00 CK: 2019 CT: 157716 BH: 447943 0 28.08 = 28.08 ASSUM NAME # 2