ATD.				
	CERTIFICATE OF ASSL (Please type or print legibly.		ructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idebo Code, the undersigned				
Pursuant to Section 53-504, Idaho Code, the undersigned MAY 13 AH 9: 07				
1.	The assumed business name which the business is:		ed use(s) in the seans exponous STATE OF IDAHO	
	flowers b	<u> M 11</u>	Ittany	
2.	The true name(s) and business address(
	business under the assumed business na Name	ame is/are:	Complete Address	
	Tiffairy M. Bioford	10/00	McKenzie Rd Troy, ID 87	.871
	THATAIN BIGIOTA	<u> </u>	MICKITELL RA ITUM, IP 07	1011
3.	The general type of business transacted	under the a	assumed husiness name is	
.	(mark only those that apply)		gasamaa baamaaa nama is	
	Retail Trade	ing 🗌	Transportation and Public Utilities	
	Services Construction	n 🗀	Finance, Insurance, and Real Estate Mining	
4.	The name and address to which future	Phone nur	umber (optional) (208) 835-8654	,
	THEANIA A BUTCH			
	PO BOX 760		Submit Certificate of Assumed Business	
	TMU. 10 83871		Name and \$20.00 fee to.	
5.	Name and address for this acknowledom	ent	Secretary of State 700 West Jefferson Basement West	
_	CODY IS (if other than # 4 above).		PO Box 83720 Boise 1D 83720-0080	
		,	208 334-2301	
	11/	2	Secretary of State use only	
·	2 Hanson Boda	Resident 1		
signati Printed	Name: Tiffanium Biafor	7	•	
apaci	010110111111111111111111111111111111111	Act relative		
	(see instruction # 8 on beak of form)	e George	IDAHO SECRETARY OF STATE	_
			05/13/1999 09:00 CK: 1209 CT: 115464 BH: 21643	년 4

1 9 26.88 = 26.88 ASSUM NAME # 2

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