

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

2010 NOV -8 AM 9:49 SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

	- O, IDATO
The assumed business name which the under business is:	ersigned use(s) in the transaction of
Gardenesque	
The true name(s) and <u>business</u> address(es) of business under the assumed business name	:
Name	Complete Address
Marcie F. Jones	74981 Hwy 3 S. St. Maries, Id 83861
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-	
3. The general type of business transacted under	or the accumed business name is:
	and Public Utilities
Wholesale Trade Construction	
☐ Services ☐ Agriculture	
	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
	Traine and \$20.00 lee to.
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Marche F. Jones	PO Box 83720
74981 Hwy 3 South	Boise ID 83720-0080
	208 334-2301
St. Maries, Idaho 83861	
5. Name and address for this acknowledgment	
COPY IS (If other than # 4 above):	
	Constant of State was aske
Od (1)	Secretary of State use only
signature: Marcel & Jones	
Printed Name: Marcle F. Gones	·
Capacity/Title: 0 Wner 208-245-1278	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	11/93/2010 05:00 CK: 2449 CR: 158010 RM: 1246221
Capacity/Title:	1 8 25.60 = 25.00 ASSUM NAME # 2
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