

CERTIFICATE OF ASSUMED BUSINESS NAME

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

²⁰⁰⁷ FEB 14 PM 1: 37</sup>

Please type or print legibly. NOTE: See instructions on reverse before filing. SEON TARY OF STATE STATE OF IDAHO

business is: Garden Artistn	ntity or individual(s) doing
2. The true name(s) and <u>business</u> address(es) of the elements business under the assumed business name: Name Name Figure	Complete Address 622 N. Lancen Ave 3075e, ID 83713
3. The general type of business transacted under the	assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
correspondence should be addressed: Robert Griffand 4622 N. Lancer Ane Boise ID 837/3	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
gnature:	IDAHO SECRETARY OF STATE 02/14/2002 05:00

Printed Name: __

Capacity/Title: ____ (see instruction #8 on back of form)

CK: CASH CT: 157366 BH: 446402 1 0 20.00 = 20.00 ASSUN NAME # 2 D 52096