Printed Name: +

Capacity: (*)いんどん

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned Line gives notice of adoption of an Assumed Business Name STATE 0 1. The assumed business name which the undersigned use(s) in the transaction of business is: REASURE VALLEY FLOWER SHIPPERS 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>Complete Address</u> Name MARSING, 10 83639 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities l l Manufacturing Retail Trade Finance, Insurance, and Real Estate Agriculture Wholesale Trade Mining Construction Services 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business[†] TAT LEVIDY Name and \$20.00 fee to: 1 Bx 12 Secretary of State MARSING, 10 83639 700 West Jefferson Basement West 5. Name and address for this acknowledgment PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 Farmers + Merchants State B. nK 208 334-2301 03/12/1999 09:00 CK: 26918 CT: 45880 BH: 196458 1 0 20.00 = 20.00 ASSUM MAME # Signature:

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