



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 gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

A-1 Flowers & More

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name Monica M. Nuxoll

Complete Address

101 Pine St. - PO Box 521
Cottonwood, ID 83522

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

4. The name and address to which future correspondence should be addressed:

Monica Nuxoll
A-1 Flowers & More
PO Box 115
Cottonwood, ID 83522

Phone number (optional): _____

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Monica M. Nuxoll

Printed Name: Monica M. Nuxoll

Capacity: owner

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
70 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
20. 334-2301

Secretary of State use only

Revision 1/98

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07/17/2001 05:00
CK: 1006 CT: 148862 DH: 408105
1 @ 20.00 = 20.00 ASSUM NAME # 2

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