

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

00 J/M - 3 PM 4:09

Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF TOWN

	DE FLEURS
The true name(s) and business address(e business under the assumed business name	s) of the entity or individual(s) doing me: Complete Address 11854 W Silver City Ct, Boise, Id 83713 1109 North 15th, Suite 4, Boise, Id 83702
3. The general type of business transacted ur  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Janet Aldrich 11854 W Silver City Ct. Boise, ID 83713  5. Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Printed Name:	Secretary of State use only  Secretary of State use only  Secretary of State use only  INAHO SECRETARY OF STATE  01/03/2003 05:0  CX: 2559 CT: 158818 PM-CX:

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