



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE
2005 FEB -7 AM 9:43

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

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Emerald Garden

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

Name

Complete Address

Alexa M Steele

1706 - 9th St Lewiston Id

83501

3. The general type of business transacted under the assumed business name is:



Retail Trade



Transportation and Public Utilities



Wholesale Trade



Construction



Services



Agriculture



Manufacturing



Mining



Finance, Insurance, and Real Estate

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

1024 16th Ave Suite B

Lewiston Id 83501

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

Signature:

Alexa M Steele

(signature required)

Printed Name:

Alexa M Steele

Capacity/Title:

Sole Proprietor / Owner

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
02/07/2005 05:00
CK: 2554 CT: 150010 BH: 791449
1 @ 25.00 = 25.00 ASSUM NAME # 2

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