227

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

FILED EFFECTIVE

2005 NOV 25 AM 9:20

SECRETARY OF STATE
STATE OF IDAHO

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

   All Seasons Garden Supply

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
Howard Houchens	1804 N. Lea Post Falls, ID 83854

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

   - [x] Retail Trade
   - [ ] Wholesale Trade
   - [ ] Services
   - [ ] Manufacturing
   - [ ] Finance, Insurance, and Real Estate
   - [ ] Transportation and Public Utilities
   - [ ] Construction
   - [ ] Agriculture
   - [ ] Mining

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

   All Seasons Garden Supply
   1804 N. Lea
   Post Falls, Id 83854

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

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

Phone number (optional): 509-216-6227

Signature: _____ (signature required)

Printed Name: Howard Houchens

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
11/25/2005 05:00
CK: 1017 CT: 158010 BH: 923741
1 @ 25.00 = 25.00 ASSUM NAME # 2

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