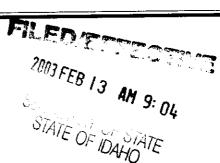
## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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



NOTE: See instructions on reverse before f	filling. STATE OF IDAHO
Trail Creek Herbs	
	of the entity or individual(s) doing  Complete Address  STrail Creek Pocatello Id 83204  STrail Creek Pocatello Id 83204
3. The general type of business transacted under X Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Michael or Lynda Williams  125 Trail Creek  Pocalello Id 83204  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
Fignature: Michael Williams  Printed Name: Michael Williams  Capacity/Title: Owner  (see instruction # 8 on back of form)	Secretary of State use only  Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF STATE  O2/13/2003 O5:00  CK: 6897125675 CT: 1508165

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