

Capacity/Title: OWNER

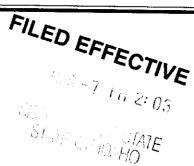
(see instruction # 8 on back of form)

## 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.



4 =	10 HO
<ol> <li>The assumed business name which the undersign business is:</li> </ol>	ed use(s) in the transaction of
Tomorrow's Garden	
- jomorrows saraen	
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
	5 N. Blackeat Rd
<i>W</i>	leridian, ID 83642
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu	ublic Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Susan Brandel	PO Box 83720
5865 N. Blackcat Rd	Boise ID 83720-0080 208 334-2301
Moridian, ID 83642	
5. Name and address for this acknowledgment	Phone number (optional):
COPy is (if other than # 4 above):	895-3888
	Secretary of State use only
99	
gnature: Susan Brandel (signature required) Susan Brande (signature required)	IDANO SECRETARY OF STATE
inted Name: Susan Brande (Signature required)	N3/67/2005 05:00
asia	1 0 25.00 = 25.00 ASSUM NAME:

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