



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.

Instructions are included on back of application.

FILED EFFECTIVE

2013 MAY 21 AM 8:47
CLERK OF STATE
STATE OF IDAHO

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

UPTOWN GARDENS

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

HELEN WINEGARNER

430 NORTH ST, PO BOX 501, CHALLIS, ID 83226

STEPHEN AXON

430 NORTH ST, PO BOX 501, CHALLIS, ID 83226

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

HELEN WINEGARNER

PO BOX 501

CHALLIS, ID 83226

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

Signature: Helen Winegarner

Printed Name: Helen Winegarner

Capacity/Title: Owner

Signature: Stephen T Axon

Printed Name: STEPHEN T. AXON

Capacity/Title: co-owner

Secretary of State use only

IDAHO SECRETARY OF STATE
05/21/2013 05:00
CK: 2512 CT: 283388 BH: 1374782
1 @ 25.00 = 25.00 ASSUM NAME # 2

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