



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

2002 OCT -2 AM 9:05

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:

Post Falls Floral & Gift

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
<u>Kelli Valerio</u>	<u>2700 E Setice Way Suite 10</u>
<u>Antoinette Hayes</u>	<u>Post Falls, ID</u>
	<u>83854</u>

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 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 \$20.00 fee to:

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

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

Post Falls Floral & Gift  
2700 E Setice Way Suite 10  
Post Falls, ID 83854

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

Phone number (optional):

208-777-7673

Signature: Kelli Valerio  
(signature required)

Printed Name: Kelli Valerio

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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IDAH0 SECRETARY OF STATE  
10/02/2002 05:00  
CK: 3602 CT: 158010 BH: 524602  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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