



# 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

07 JAN 17 AM 10:09

SECRETARY OF STATE  
STATE OF IDAHO

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

Miss Eventa Floral

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>Sara Owens Floral LLC</u>	<u>1117 S. Phillipi</u>
<u>(US8227)</u>	<u>Boise ID 83705</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 |  |

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

Sara Owens Floral  
1117 S. Phillipi  
Boise ID 83705

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

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

Phone number (optional):

Secretary of State use only

Signature: Sara Owens

(signature required)

Printed Name: Sara Owens

Capacity/Title: Manager

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
01/17/2007 05:00  
CK: 1024377 CT: 172099 BH: 1026705  
1 @ 25.00 = 25.00 ASSUM NAME # 3

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