CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Klink's Florists & Greenhouses

2.	The true name(s) and business address(es) of the entity or individual(s) doing
	business under the assumed business name is/are:

	Name	Complete Address							
	Michael M. Harman	488	Rive	rside	Drive	Burley,	ID	83318	
	Rebecca A. Harman	488	Rive	rside	Drive	Burley,	ID	83318	
3.	The general type of business transacted (mark only those that apply)	unde	r the a	assur	ned bus	iness nan	ne is	:	
	□	Ū			ince, Ins	ion and P surance, a		: Utilities Real Estate	
4.	The name and address to which future correspondence should be addressed:								
	Burley, ID 83318				Assume	Certificate ed Busines and \$20.00	is	to:	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent			700 We Baseme PO Box	ary of State est Jefferso ent West c 83720 D 83720-06 4-2301	n		
	1 / /	[,				ary of State us ECRETARY OF		y	

Signature:

Printed Name: Michael M.

Capacity: Owner

(see instruction # 8 on back of form)

08/29/1997 09:00 CK: 2135 CT: 86483 M: 34263

1 0 20.00 = 20.00 ASSUM NAME

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