## FILED EFFECT CERTIFICATE O. ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Cogives notice of adoption of an Assume	ode, the undersigned () (1) 8: 35
1. The assumed business name which the usiness is:  Rosebush Rose	undersigned use(s) in the transaction of
The true name(s) and business address(eastern business under the assumed business name).	
<u>Name</u>	Complete Address
CARLEEN MARY DUNCAN	316 LENDRE ST # 2
3. The general type of business transacted to (mark only those that apply)	under the assumed business name is:
☐ Retail Trade ☐ Manufacturir☐ Wholesale Trade ☐ Agriculture☐ Services ☐ Construction	Finance, Insurance, and Real Estate
4. The name and address to which future Phone number (optional):  correspondence should be addressed:	
To Concer M. Duncon	Submit Certificate of Assumed Business Name and \$20.00 fee to:
3/6 LENORE ST 3 TF 1D 8.  5. Name and address for this acknowledgment	Secretary of State 700 West Jefferson Basement West
copy is (if other than # 4 above):  D.L. EVANS BANK	PO Box 83720 Boise ID 83720-0080
P.O. BOX 8/ ATTN: CHELSEY WINKLE TWIN FALLS, ID 83303-0087	208 334-2301  Secretary of State use only
Signature: MMMM	Revised of State dise only
Page LINA DIL	g IDAHO SECRETARY OF STATE
Printed Name:	99/26/2002 05:00 CK: 1627 CT: 158810 BH: 489379
(see instruction # 8 on back of form)	1 8 28.88 = 28.88 ASSUM MANE # 2