## 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 in the transaction of business is: SUN FLOWER FLORISTS GIF 2. The true name(s) and business address(es) of the entity or individual(s) doing ... business under the assumed business name is/are: Complete Address 4202 GARDEN CITY - ID. 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Agriculture Wholesale Trade Mining Construction Services Phone number (optional): \_\_\_\_\_ 4. The name and address to which future correspondence should be addressed: SUNFLOWER FLORIST & CIFTS Submit Certificate of Assumed Business 4202 CHINDEN BLV Name and \$20.00 fee to: CARDEN CITY ID Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODY IS (if other than # 4 above). Boise ID 83720-0080 208 334-2301 Secretary of State use only Signature: Printed Name: IDAHO SECRETARY OF STATE

Capacity:

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
10/03/2001 05:00
CK: CASH CT: 152013 BH: 422372
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