

Capacity/Title: owner

(see instruction # 8 on back of form)

CERTIFICATE OF FILED EFFECTIVE

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned MAR 18 AM 8: 49 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF IDAHO

Green Thumb	Designs
2. The true name(s) and business address(es) of the business under the assumed business name: Name Stacia L. Larson 20	ne entity or individual(s) doing Complete Address a. w. 10 th Ave Post Falls, T. 838
Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Dr. Teresa Blankenskip 202 W. 10th Ave Post Falls, ID 83854	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-964-4612
ed Name: Stacia L. La (50/1)	Secretary of State use only

IDAMO SECRETARY OF STATE

@3/18/2005 @5:00

CX: 609496096 CT: 150010 BH: 799220
1 0 25.00 = 25.00 ASSUM NAME # 2

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