

CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO

97 MAY -8 AM 8

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

SECRETARY OF STATE
STATE OF IDAHO

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

WHEATON FARMS NURSERY

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

<u>Name</u>	<u>Complete Address</u>
<u>LARRY E. WHEATON</u>	<u>P. O. BOX 5346, BOISE, ID 83705</u>
<u>KARI WHEATON</u>	<u>P. O. BOX 5346, BOISE, ID 83705</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): _____

WHEATON FARMS NURSERY

P. O. BOX 5346

BOISE, ID 83705

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Larry E. Wheaton

Printed Name: LARRY E. WHEATON

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 2/97

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IDAHO SECRETARY OF STATE
DATE 05/08/1997
0900 90685 2
CK #: 2439 CUST# 81074
ASSUM NAME 10 20.00= 20.00

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