## FILED EFFECTIVE

Capacity/Title:

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

2012 SEP 19 PM 2: 13

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

	_
1. The assumed business name which the undersign	ed use(s) in the transaction of
business is: Lucky Girl (	Orchids
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Laima M. Swanson 1933	Complete Address
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Laima M. Swanson 19332 N. Ella Rd.  Rathleim ID.83858	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
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nature: January M. Swanson	
pacity/Title: Quiner	
nature:	
nted Name:	_

IDAHO SECRETARY OF STATE

09/19/2012 05:00

CK: 1137590 CT: 172099 BH: 1340524
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