FILED EFFECTIVE



Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2010 SEP -1 PH 1: 39

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undoposition business is: Ashley's Flower	
2. The true name(s) and <u>business</u> address(es business under the assumed business nam Name Ma Hhen Able	
3. The general type of business transacted until Retail Trade Transportation 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: Mathew Able 199 E. Striped Onl DV Kuna, ID 83634	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	
Signature: MUHTIV	Secretary of State use only
Printed Name: Mg Hhen Able	0141850
Capacity/Title: Onner	IDAHO SECRETARY OF STATE
Signature:	09/01/2010 05:00 CK: CASH CT: 158010 BH: 1237278
Printed Name:	1 9 25.00 = 25.00 ASSUM NAME # 2