

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned

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

(see instruction # 8 on back of form)

- With the rest of		- 1114 01 121440	
 The assumed business name which the un- business is: 	dersigne	d use(s) in the transaction of	
WILDROSE NURSERY AND LAN	DSGAP1	NG	
The true name(s) and <u>business</u> address(es) business under the assumed business name) of the e	ntity or individual(s) doing	
<u>Name</u>		Complete Address	
SHERRY DIRKS HO		R 85 BOX 165	
	BONNE	RS FERRY, 1D 83805	
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction			
ServicesManufacturingMiningFinance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
4. The name and address to which future correspondence should be addressed: SHERRY DIRKS HCR85 BOX 165 BONNERS FERRY, 10 83805		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
Name and address for this acknowledgme copy is (if other than # 4 above):	ent	Phone number (optional): 208-267-3664	
		Secretary of State use only	
Signature: SHERY DIRKS Capacity/Title: AWNER	corp/forms/abn forms/abn.p65 Revised 01/2001	IDAHO SECRETARY OF STATE 23/14/2002 05:00 CK: 1996 CT: 140766 BH: 452851 1 0 20.00 = 20.00 ASSUM NAME # 2	