CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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- Iwalips Nursery	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Jaunya, Newhouse,	of the entity or individual(s) doing : <u>Complete Address</u> 3502-CN. 3000 E Twun Falls Id 83.301
3. The general type of business transacted unde	er the assumed business name is:
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Tounya Newhouse, 3502-C N 3000 F Twin Falls Tol 8330	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-280-1232
	Secretary of State use only

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Printed Name: Taunya Newhous e

(see instruction # 8 on back of form)

Capacity/Title: <u>OWNer</u>

IDAHO SECRETARY OF STATE

94/25/2006 05:00

CK: 2887 CT: 158010 BH: 951182
1 0 25.00 = 25.00 ASSUM NAME # 2

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