

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE 2017 FEB 27 AND: 18

SECRETARY OF STATE STATE OF IDAHO

1. The assumed busine	ess name which the undersig	ned use(s) in the transaction of business is:
Keepsake Floral-W	eddings and More	
	ess name (do <u>not</u> include the nam	address(es) of those doing business under ne you listed in #1): Idaho Falls , ID 83402
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
3. The general type of	business transacted under th	e assumed business name is:
☒ Retail Trade☐ Wholesale Trad☐ Services	Construction Agriculture Manufacturing	Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate
4. Mailing address for	future correspondence:	 Name and address for this acknowledgment copy is (If other than # 4):
Leisa A Brown (Name)	<u> </u>	(Name)
2536 Brookcliff Dr.		(Address)
Idaho Falls	ID 83402	· ,
(City)	(State) (Žipcode)	(City) (State) (Zipcode)
Printed Name: Leisa A. Brown		Secretary of State use only
Signature: Lua D. Brown		IDAHO SECRETARY OF STATE
Printed Name:		02/27/2017 05:00 CK:1085 CT:335115 BH:1570731
		1@ 25.00 = 25.00 ASSUM NAME #2
Printed Name:		D1921146
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Rev. 08/2015