

Printed Name: \_\_

Capacity/Title: OWNER

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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

2003 MAY 12 MM 9: 05

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

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1. The assumed business name which the undersigned use(s) in the transaction of business is:  LAWN BEIT USA	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  LARRY T BURKE  Sharow A BURKE	Complete Address
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    LARRY BURKE P. OBOX 11 69 MCCAIL T. J. B3638   S. Name and address for this acknowledgment	
COPY IS (if other than # 4 above):	208 - 634-2333  Secretary of State use only
Signature:	y y y y y y y y y y y y y y y y y y y

IDAHO SECRETARY OF STATE
05/12/2003 05:00
CK: 5827 CT: 158810 BH: 688824
1 8 25.00 = 25.00 ASSUM MANE # 2