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.

SECRETARY OF STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

G	ROUND FX
2. The true name(s) and <u>business</u> address business under the assumed business r Name THE CUTTING EDGE LAWN CO. 213089	s(es) of the entity or individual(s) doing name: Complete Address PO 140436 BOISE ID 83714
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	submit Certificate of
4. The name and address to which future correspondence should be addressed: THE CUTTING EDGE LAWN CO INC PO BOX 140436 BOISE, ID 83714	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgm copy is (if other than # 4 above): 	nent
gnature:	. Secretary of State use only
inted Name: BOB WHEELER	_
apacity/Title: PAGSI DENT	_
gnature:	_
inted Name:	

IDAHO SECRETARY OF STATE

03/22/2011 05:00

CK: 634892 CT: 172899 BH: 1265548

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