



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE  
2017 APR 14 PM 12:34  
SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business:

SpringHill Lawn Care

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Salvador Hernandez Moren 604 River Valley st Nampa, ID 83686

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Construction	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Salvador Hernandez

(Name) \_\_\_\_\_  
604 River Valley St  
 (Address) \_\_\_\_\_  
Nampa, ID 83686  
 (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zipcode) \_\_\_\_\_

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name) \_\_\_\_\_  
 (Address) \_\_\_\_\_  
 (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zipcode) \_\_\_\_\_

Printed Name: Salvador Hernandez

Signature:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDaho SECRETARY OF STATE  
**04/14/2017 05:00**  
 CX: CASH CT: 158010 BH: 1579216  
 10 25.00 = 25.00 ASSUM NAME #2

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