



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2008 APR -8 PM 3: 07

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

Jon's Lawn Care & Landscape

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Jonathan Aaron Nystrom

Complete Address

7094 W. Big Sky Dr. Post Falls ID, 83854

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

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

4. The name and address to which future correspondence should be addressed:

Jonathan Aaron Nystrom

7094 W Big Sky Dr., Post Falls, ID  
83854

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Signature:

(signature required)

Printed Name: Jonathan Aaron Nystrom

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

Form 53-504  
Rev. 10/2000

IDAHO SECRETARY OF STATE  
04/08/2008 05:00  
CK: 101782 CT: 172099 BH: 1109001  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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