

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.

submits for filing a certificate of Assumed Business Nar Please type or print legibly. Instructions are included on back of application.

FILED EFFECTIVE

2012 JUL 31 AM 8: 47

SECRETARY OF STATE STATE OF IDAHO

business is:	MTS LAWN CARE
	lress(es) of the entity or individual(s) doing
Retail Trade Transp Wholesale Trade Consti	acted under the assumed business name is: portation and Public Utilities ruction
Services Agricuted Manufacturing Mining Finance, Insurance, and Real	Submit Certificate of Assumed Business
The name and address to which fut correspondence should be address. DORENE C ALLRED	Secretary or State
68 S 650 E BURLEY ID 83318	208 334-2301
5. Name and address for this acknowle copy is (If other than # 4 above):	edgment
gnature: Dem C. allred	Secretary of State use only
inted Name: DORENE C ALLRED apacity/Title: SOLE PROPRIETOR	
gnature:	IDAHO SECRETARY OF STATE
inted Name:	97/31/2012 95 # 9 CK: 3234 CT: 158918 BH: 13346
	1 @ 25.00 = 25.00 ASSUM MANE