

Capacity/Title: 💍 ωη 🤉 🤇

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

SECRETARIO STATE STATE OF IDAHO

Don's Lawn and Home	Care
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name. Name Donald Deroi'n	• • • • • • • • • • • • • • • • • • • •
3. The general type of business transacted under Retail Trade Transportation a	er the assumed business name is:
 Wholesale Trade ✓ Construction ✓ Agriculture ✓ Manufacturing ✓ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Don's Lawn and Home Care 4302 Gage St. Borise, Id. 83706	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 2여왕 구기구 소식무나
	Secretary of State use only
Inature: Donald Doson	10000 SECRETARY OF STATE 67/27/2005 05:00 CX: 581187 CT: 172099 BH: 823

CK: 581187 CT: 172099 BH: 823561 1 0 25.00 = 25.00 ASSUM NAME # 2

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