



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

Business Entities

www.sos.state.id.us/

08 APR 21 AM 8:52
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Out On A Limb Tree Service

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

Name

Complete Address

Sam Ragan

621 Main

St. Maries, ID 83861

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

- | | |
|--|--|
| <input 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:

Sam Ragan

621 Main

St. Maries, ID 83861

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

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208-582-2330

Secretary of State use only

IDAHO SECRETARY OF STATE
04/21/2008 05:00
CK: 4426 CT: 225119 BH: 1110916
1 @ 25.00 = 25.00 ASSUM NAME # 2

D21084

Signature: S. Ragan

(Signature required)

Printed Name: Sam Ragan

Capacity/Title: Owner

(see instruction # 8 on back of form)

FILED EFFECTIVE
1352